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ABSTRACT

The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care is an ongoing, prospective, 3-year longitudinal study of over 1,300 full-term healthy infants and families from 10 sites across the United States. While the sample is not nationally representative, the subjects come from major regions of the country: the East Coast, the West Coast, the Mid-West, the North, and the South. They come from urban and from rural settings, and include minorities as well as single-parent and two-parent families. The study examines the concurrent, long-term, and cumulative influences of variations in early child care experiences on the cognitive, linguistic, social, emotional, and physical development of infants and toddlers. The study design takes into account the complex interactions among characteristics of the family and home, of the child care environments, and of the child. Subject recruitment started in January 1991, and data collection was scheduled to end at the beginning of 1995. Data collection involved periodic telephone calls to families beginning at 3 months and home visits, child care center visits, or laboratory assessments at 1, 6, 15, 24, and 36 months. This document is volume 1 of a 5-volume operations manual that explains, in 29 chapters, the procedures used in conducting the NICHD study. Volume 1, comprising 7 chapters, begins with an introductory section of internal operating procedures. This section provides guidelines for the study's Data Coordinating Center to manage the data, establish procedures to maintain data consistency among study sites, and ensure data integrity. Chapter 1 then lists the aims of the study, and chapter 2 serves as an introduction to the operations manual. Chapter 3 outlines procedures used in designing, completing, transmitting, and storing the paper forms used in data collection. Chapter 4 explains the activities required preparatory to recruiting subjects and in the recruiting process. Instructions pertaining to a follow-up telephone call 2 weeks after the initial recruitment are given in chapter 5. Chapter 6 consists of 3 sections that provide instructions for general procedures and practices in the 1-month home visit, specific information about the questions used in the 1-month interview, and specific instructions about the 1-month visit with the father. Chapter 7 provides instructions for making follow-up telephone calls at 3, 9, and 12 months. (BC)

ED 403 983

# NICHD Study of Early Child Care

## *VOLUME I*

*DCC Manual*
*Introduction Manuals*
*Recruitment Procedures Manual*
*1 Month Manuals*

PS 024315

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# NICHD Study of Early Child Care

# DATA COORDINATING CENTER

# INTERNAL OPERATIONS MANUAL

Saved as T:\DATA\DCCMANRE on Network

Revised June 21, 1994
INTERNAL OPERATING PROCEDURES MANUAL
DATA COORDINATING CENTER

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# I. OVERVIEW

This section describes briefly the plan of the study and the role of the Data Coordinating Center (DCC) in 1) managing the data, 2) establishing procedures which will provide data consistency between sites, and 3) ensuring data integrity.

## A. Study Plan

The NICHD Study of Early Child Care is a multi-site study of the effects of nonmaternal care on the development of children in the first three years of life. A minimum of 1200 families (120 infants and their parents at each of 10 sites) will be enrolled in the study over a ten-month period, so as to ensure a final sample of at least 1000 families. These families will be randomly selected from the mothers giving birth in selected hospitals during 24-hour sampling blocks. Families will be enrolled shortly after the infant's birth (before the mother and baby leave the hospital) and will participate in the study until the infant is 3 years old. Over the 36 months of participation, the infant will be visited and observed at home, in child care, and in a laboratory playroom, a number of times.

Following is a schedule of the study events which will generate a flow of data to the Data Coordinating Center (DCC):

0-Month Hospital Recruitment
1-Month Home Visit
3,6,9,etc-Month Tri-Monthly Telephone Calls
6-Month Home Visit
6-Month Child Care Assessment
15-Month Home Visit
15-Month Laboratory Assessment
15-Month Child Care Assessment
24-Month Home Visit
24-Month Child Care Assessment
24-Month Laboratory Assessment
36-Month Home Visit
36-Month Child Care Assessment
36-Month Laboratory Assessment

## B. Responsibilities of the Data Coordinating Center

The Data Coordinating Center is responsible for administering and monitoring adherence to the protocol. This includes data entry and preparation of data-collection forms and their distribution to the sites; randomization of the recruited population and monitoring to assure that the selected sample meets the requirements of the study design; coordination among the sites to ensure standardization of procedures and integrity of data; and finally, after all data are collected, statistical analysis.

### 1. Data Entry

For purposes of this discussion, data entry will include both the preparation and dissemination of the data-entry instruments (interviews, questionnaires, scripts, etc.) and the capture of the data into a master database at the DCC.

#### a. Forms Preparation

The substantive contents of the data-collection instruments (e.g., interviews, questionnaires, etc.) are developed by subcommittees of the Steering Committee. However the DCC performs the actual layout of the forms, assures adherence to accepted standards, does the word-processing, and submits working copies to the appropriate subcommittee for review and approval. Once the subcommittee is satisfied with a form, the DCC gives it to Scantron, who prints the form on standard scan sheets with timing lines. The DCC, through liaison with Scantron, exercises first-line approval for the forms -- but final approval of any forms rests with the designated subcommittee.

Forms for data which would be collected on small subsets of the total study population are not printed by Scantron. These forms are copied at the sites from master forms distributed by the DCC.

#### b. Forms Distribution

Forms are shipped by Scantron to the DCC and to the ten participating sites. Concurrent with the mailing, a BITNET message is sent to the sites to alert them to the mailing.

#### c. Scanning

Completed forms are mailed overnight from the sites back to the DCC, for entry into the master database. The DCC visually inspects incoming data sheets for any obvious errors or omissions, scans the sheets on the Scantron scanner, uploads the data to the mainframe, and runs a standard program which converts the data to SAS and appends new observations to the database. Data which is collected on non-Scantron forms is double keyed and verified before conversion to a SAS data set.

### 2. Randomization and Sample Monitoring

While the methodological consultant to the study is primarily responsible for determining the "random-order" algorithm, it must be implemented at the DCC. Since the "random-order" algorithm is designed to increase the probability of recruiting a sample according to the study design, the sample must also be monitored to assure that the sample does, in fact, meet that standard.

### a. Randomization

When Hospital Recruitment Forms (Form 01A) are received from the sites and scanned, the "random-order" algorithm is also applied. The "random-order" procedure sorts all the subjects in a sampling frame into a random sequence and selects from the group the first three mothers who plan to work >29 hours/week, the first mother who plans to work 10-29 hours/week, and the first mother who plans to work <10 hours/week. This selection pattern is repeated until all the subjects are used. Then each group of 3:1:1 is resorted in random sequence within itself, resulting in a reordered list of the hospital recruitment subjects. This reordered list of subjects is printed, separately by site, in "calling-list" format, and sent to the sites. At the sites, the subjects are called in the order in which they are occur on the calling list and their participation in the study is solicited. If the subject agrees to participate, the caller schedules the one-month interview at that time.

### b. Sample Monitoring

The "random-order" algorithm only increases the probability of recruiting subjects in the 3:1:1 ratio; it does not guarantee it. Furthermore, other factors such as education level, marital status, and race of the mother must also be represented in the study sample, even though they are not explicitly provided for during randomization. Hence, after the first three months of the study the DCC will monitor the sample on a monthly basis to permit adjustments in the calling-list makeup, to assure that the requirements of the study design are met.

## 3. Site Coordination

Since this is a 10-site collaborative study, the DCC must provide site-coordination services to insure data integrity and consistency of data handling and analysis across the sites.

### a. Standards of Procedure

The Steering Committee directs the "what" of the study, but the DCC directs the "how" by developing standard operating procedures and schedules for administering the study.

### b. Manual of Operation

The DCC disseminates the standard operating procedures and schedules for administering the study through an operations manual which describes the study overall and contains detailed instructions about forms handling, interview scripts, telephone calls, home visits, etc.

### c. Site Visits

The Director of the DCC will make at least one visit to each site before recruitment begins, to ascertain that standard procedures have been implemented, and the machinery is in motion to start the study. Additionally, the Director or her designee may visit the sites once in each subsequent year of the study to provide oversight and monitor adherence to standard procedures.

## 4. Statistical Analysis

When the data-collection phase is complete, the DCC will conduct statistical analyses in collaboration with all principal investigators and with the methodological consultant/statistician.

## II. OFFICE PROCEDURES

This chapter deals with internal office procedures of the Data Coordinating Center (DCC). The Center is located organizationally in the National Institute of Child Health and Human Development (Dr. Duane Alexander, Director); Division of Prevention Research (Dr. Heinz Berendes, Director). Physically, the Center was located in Suite T-08 of Executive Plaza South. Currently the Center is in the 7B Corridor of 6100 Executive Blvd. The NIH Data Coordinating Center Staff comprises the following:

1. Director and Member of Steering Committee - Bonnie Knoke
2. Computer Assistant - Elva Nelson

Additional support is provided by:

1. Vanderbilt University -
    A. Research Assistant - Allison Rose
2. Allied Technology Group, Inc. -
    A. Computer Analyst - Jansen Davis
    B. Computer Analyst - Christina Bryant
    C. Computer Analyst - Joseph Escatell
    D. Data Technician - Paula Calabrese

### A. Telephone Standards

#### 1. Who Answers the Telephone?

Primary responsibility for answering the telephone belongs to the secretary. If (s)he is away from her desk, (s)he should alert other members of the staff to cover the phones.

#### 2. Answering Quickly

The telephone should be answered as quickly as possible, and should never ring more than three times. Therefore, if you are covering the phones and you are talking to someone but another phone is ringing:

a. Immediately ask the person to whom you are speaking to "Please hold the line for one moment";

b. Answer the ringing phone, and immediately ask the incoming caller to "Please hold the line for a moment";

c. Return to the first caller and finish your call as expeditiously as possible. If you see that it will take a long time, return to the second caller and see if you can pass the call to someone else or arrange to call back.

### 3. How to Answer

The proper way to answer the telephone is "Data Coordinating Center -- May I help you?" You should speak slowly enough that a person calling in can understand what you have said.

### 4. Important Telephone Numbers

| | |
|---|---|
| Data Coordinating Center | 496-8676 |
| Computer Sciences Section | 496-1073 |
| Division of Prevention Research | |
| Dr. Heinz Berendes, Dir. | |
| Martha Gordon, Timekeeper | 496-5064 |
| NICHD Admin. Off. - Joyce Pilcher | 496 9583 |
| NICHD Personnel - Randy Redmond | 496-0962 |
| FAX | 496-0962 |
| AIRBORNE Express | 823-2303 |

## B. Time and Attendance

All members of the DCC staff are to arrange their regular hours of work with the Director. If a staff member is sick and cannot come to work, (s)he must speak to someone in the DCC and leave word about any critical work that may be in progress or meetings or other obligations that may be missed. Annual leave should be arranged for in advance with the Director. Whenever leave has been taken for any reason, Martha Gordon (tel: 496-1073), the Division's official timekeeper, must be advised.

## C. Xerox

There are large Xerox machines which do reducing, collating, etc. - located on the first floor of EPN and on the 5th floor of 6100 Exec. Blvd. To use them, go to the computer screen nearest the copier you are using; at the prompts, enter your initials, our CAN number (1090), and the password (HWB). When you are finished, be sure to close out your account by pressing the space bar.

There is a small copy machine in the Division office, which may be used for small jobs of up to 15 copies.

### D. FAX

The FAX machine is in the office down from Martha Gordon on the 7th floor. Instructions are on the front of the FAX machine.

### E. Mail

Mail is currently being delivered by the NIH Mail Room to the Administrative Office on the 4th floor of 6100 Exec Bldg. The secretary is responsible for the distribution of mail.

### F. Electronic Mail

Electronic mail is sent and received via BITNET on the mainframe computer. In order to send or receive BITNET mail, one must be logged on to WYLBUR at DCRT, and in the ENTER MAIL facility.

#### 1. Schedule

BITNET mail may be sent any time there is a message ready for transmission. See the DCC Director for approval to send E-mail to Steering Committee members. Incoming messages should be checked twice a day; in the early morning and again early in the afternoon.

#### 2. Distribution

The secretary will normally be responsible for checking the E-mail twice a day, and distributing it. (Mike Leary is the backup person for this function.) Three copies of the mail are to be listed, for:

1. Director of DCC
2. Data Manager
3. BITNET Notebook.

In addition, a copy of every message is filed in the DAYCARE file, on-line, as one of the ENTER MAIL options. If the message has no reference to Airborne or overnight mail, it should be DISCARDED (D) after it is filed in the DAYCARE file. If the message has any reference to overnight mail, i should be HELD (H) after it is filed.

#### 3. Procedure

a. Log on to DCRT Through Willy

(1) On the PC, enter CD\WILLY <ENTER>, to put you into the WILLY directory.

(2) Enter the command, WILLY <ENTER>. WILLY will automatically call up the DCRT

mainframe computer and connect you with WYLBUR.

(3) Respond to the ACCT, INITS, KEYWORD, TERMINAL, and BOX prompts as follows:

```
ACCT JJP1
INITS ER3
KEYWORD ___
TERMINAL NONE
BOX 728
```

b. Begin the MAIL Processing

(1) To get into the mail facility, enter ENTER MAIL <ENTER>. For details about the ENTER MAIL facility, consult the DCRT ENTER MAIL Documentation, available on-line or in the Data Manager's office.

(2) Read any new mail (not marked with "H" for HOLD), showing it on the screen. Willy will automatically save your entire session, including the mail that was displayed, as Willy.Log on the PC.

(3) After each item is "Read," i.e., listed on the screen,

  (a) File it in DAYCARE;

  (b) If the message has to do with Airborne or overnight mail, HOLD it;

  (c) If the message has no reference to overnight mail, DISCARD it.

(4) Enter END <ENTER> to get out of E-Mail. (You will still be in WYLBUR.)

### c. Leave WYLBUR

To leave WYLBUR, enter LOGOFF CLR <ENTER>. You are no longer connected to WYLBUR at DCRT, but you are still in the WILLY procedure on your PC.

### d. Exit From WILLY

To exit from WILLY, enter ALT X. If WILLY says you may still be logged on, it is because your LOGOFF command has not yet had time to take effect. When WILLY asks if you want to continue exiting, you may enter Y <ENTER>. You will be prompted to rename WILLY.LOG. If you enter N <ENTER> you will be out of Willy and the log will be named WILLY.LOG. However, you may enter Y <ENTER> and give a different name for this version of the log, which will not overwrite the previous version.

### e. Print the Mail

Bring the WILLY.LOG into WordPerfect and edit the log, removing the session commands, all the mailing headers, and any material extraneous to the actual mail messages. Insert a page break (CTRL-<ENTER>) between messages and print on the laser printer.

### f. Dispose of the File

If you will need this file again, be sure to save it as something other than WILLY.LOG, or the next time you use WILLY, the new log will be saved on top of this one.

## G. Ordering Supplies and Services

All travel, professional-service contracts, requisitions, procurements, etc. are to be handled through the secretary who has received official training in these matters.

## H. Security

The office door must be locked after 5 pm for security purposes.

## I. Smoking

NO SMOKING is allowed in government office areas.

## III. FORMS and MANUAL PREPARATION

### A. SCANTRON Forms

SCANTRON Forms are the primary vehicle for data collection on this study. The Steering Committee develops the substantive content and the script for administering an interview, questionnaire, assessment, etc., and the DCC designs the SCANTRON Form and arranges for it be printed.

#### 1. Coordination with Steering Committee

The Steering Committee, and more specifically the subcommittee responsible for any data-collection instrument, begins the forms-development process by sending the text of the form to the DCC in both hard-copy and electronic media. The Desk-Top Publishing Specialist, following the standards developed by the DCC (See Section II.A.2 - Standards for Word Processing/Forms, below), generates a revised draft of the form in Word Perfect. After internal review by the Data Manager and/or the DCC Director, the draft is sent to the subcommittee for review and approval. This process undergoes as many iterations as necessary, within given time constraints, to obtain approval from the cognizant subcommittee.

#### 2. Standards for Word Processing/Forms

Most forms for data entry at the DCC are administered on Scantron mark-sense forms. The DCC will prepare drafts of those forms in Word Perfect, according to the standards described below. These standards assume a facility with Word Perfect.

##### a. Fonts

The basic font for question text is Times Roman 12-point. Twelve-point text is 0.194 inch high, which does not align with the Scantron timing lines, but which is easy to read. The answers are formatted in Times Roman 10-point, which is 0.167 inch high, and which DOES align with the timing lines on the mark-sense forms. Since these fonts are both proportionate spacing, one must use TABs and INDENTs to line fields up, and never space over to what looks like the right place on the screen. What you see on the screen is NOT always what you see on the printer. Be careful to watch the ruler marks on the bottom right hand corner of the screen, to be sure of spacing.

##### b. First Page

###### (1) Title

The title of any form is in all capital letters, bold face, and 12-point font. It is centered at the top of the first page of an interview form, and left-justified on the top of the first page of a questionnaire.

#### (2) ID Number

The ID field is left-justified on the top of the right column of the first page of any form.

### c. Section Headings

Section Titles will be left-justified, in all capital letters, bold face, and 12-point font.

### d. Columns

All forms should be prepared with parallel columns. Use Alt 7 to define columns and then turn them on. Word Perfect columns have default margins of 1-4" and 4.5-7.5". For interview forms, the columns should be redefined, with margins of 0.22-5.25" and 5.5-8.19". For questionnaires, margins of 0.5-5.25" and 6.25-8.19" are usually more appropriate. If those columns are not correct for the page you are working on, they may be altered. However, they should remain constant for all of any given page.

### e. Questions

The text of questions is to be entered in Times Roman 12-Point font.

Words which prompt an interviewer to substitute another word in the script and are never used, themselves, such as BABY (substitute baby's name) or HUSBAND (substitute husband's name), are entered in 10-point, all-capitals. Words which prompt an interviewer to choose one alternative, such as (his/her) (choose either "his" or "her" in the script), are entered in lower case, 12-point, and enclosed in parenthesis.

IF YES, SPECIFY. This construction at the end of a question is in all capital letters, 10-point. It is in all-caps because all of it is instructional material and none of it is to be included in the script.

IF YES, What type? This construction at the end of a question has the instruction "IF YES" in caps - 10-point, and the script "What type?" in upper/lower case, in regular 12-point font.

### f. Answers

Answers are always entered in Times Roman 10 point.

The heading, JOB 1, has been changed to Job 1. Similarly, none of the headings over answer columns (e.g., Alt 1; Arr 1; etc.) are underscored, because it looks cluttered. Also, it would be redundant, since the headings are boxed off when the SCANTRON forms are printed.

Any response which requires two digits has a line for the respondent to write on: ____

0 0
1 1 ,

so as to minimize the interviewer's error or confusion.

Headings for columns in answers are left-justified in the column:
Job 1 Month Year
0 0 0 0 19___

Numeric answer fields must have two blank spaces between digit columns, in order to line up with Scantron columns.

### g. Instructions

#### (1) GO TO's

Use periods after all GO TO's, even those in parenthesis. GO TO's in the question column are flush left, all capitals, 10 point, and bold. GO TO's immediately following an answer are all capitals, 10 point, italics, and in parenthesis. Instructions on Questionnaires are U/L case.

#### (2) INTRODUCE NEXT TOPIC:

Use all capitals, 12 point, no bold, and flush left. Skip a line before the text which follows.

#### (3) General Instructions

General instructions to the interviewer (for example: READ RESPONSES.) are in all capitals, 10 point, no bold, no parenthesis, and conclude with a period. GO TO's which direct the interviewer to an item more than one page away will include the page number after the question number.

**h. Every Page**

**(1) Interviews**

Left side of page -- "Form nnn Revision mm/dd/yy", where nnn is the form number, in capital letters, and mm/dd/yy is a dynamic date set up with Shift-F5 in the specification.

Right side of page -- "Page xx" where xx is the dynamic page number, set up with CTRL-B in the spec.

**(2) Questionnaires (or One-Page Form)**

Left side of page -- "The NICHD Study of Early Child Care Form nnn Revision mm/dd/yy".

Right side of page -- "Interviewer No. |_|_| Page xx".

## 3. Internal Review Procedures

While a form is in process, i.e., before it goes to Scantron for publishing, it must go through many iterations of review, both internally, in the DCC and externally, in the subcommittee of the Steering Committee. In order to get the most from each level of internal review, each reviewer must assure that the product is as good (s)he can possibly make it before sending it to the next person. The order of internal review is from the Desk-Top Publishing Specialist to the Data Manager to the Director of the DCC.

**a. Word-Processing**

The Desk-Top Publishing Specialist inspects a document for conformity to all the above standards. This review also includes comparing the form with a previously-published form, to assure consistency among forms.

**b. Data-Manager**

The Data Manager reviews the document for content, syntax, format, skip logic, appropriateness of wording, proper numbering of sections and items, correct instructions, etc.

### c. Director

The Director of the DCC is the final reviewer before a document goes back to the subcommittee of the Steering Committee.

## B. Site Manual

As the primary and continuing liaison between and among all the sites and investigators, the Data Coordinating Center provides instruction on data collection, monitors compliance to assure consistency across the study, and facilitates communication among all the arms of the study.

### 1. Coordination with Steering Committee

The Operations Manual contains general information and specific procedural instructions for the sites. While the Steering Committee, and specifically the subcommittees responsible for a particular event, develop the procedures, interview scripts, and general instructions, it is the responsibility of the DCC to assemble those materials, coordinate them, expand upon them where necessary, and disseminate them. However, the DCC always acts in cooperation with the Steering Committee and gains approval for material from the cognizant subcommittee before disseminating manual chapters.

### 2. Standards for Word Processing

#### a. Font

The manual will be typed in Courier, 10 pitch, with no right justification.

#### b. Margins

Margins are 1 inch all around (top, bottom, and both sides) on 8 1/2 X 11 paper.

### c. Chapter Titles and Headings

Chapter titles are centered, in all capitals and Univers PS 14 font. The chapter number will be in upper and lower case and centered using Univers PS 14 font, as follows:

INTRODUCTION TO
THE NICHD STUDY OF EARLY CHILD CARE

Chapter 1

Chapter titles and headings are all in bold face. Numbering within chapters will be in outline format, as follows:

I.

A.

1.

a.

### d. General Layout

The manual is double-spaced, with no extra space between paragraphs. Before a new heading, however, double the regular double-space. Paragraphs are indented five spaces. Widow/orphan protection should be set to 'yes', which protects against having only one line of a new paragraph at the bottom of a page (widows) or only the last line of a paragraph on the top of a new page (orphans).

### e. Footers

Each page contains a footer with the Revision date and the page number, as follows:

Revision 09/26/90 Page 1

### f. Examples of Forms

Forms included in the manual as examples for discussions of procedure will be left in their original spacing and layout.

### 3. Internal Review Procedures

The procedures for internal review of the Site Manual are the same as for the Scantron Forms -- see III.A.3 above.

## IV. FORMS HANDLING

This section describes the paper-flow procedures for receiving and processing forms through the DCC. It does not address substantive issues of data management and/or processing at each step along the way; rather, it simply provides a road map for guiding the forms through the Data Coordinating Center.

### A. Receive Mail and Log Forms

#### 1. Date Stamp

Each day, the designated forms-handler will open the Airborne Express Mail. The date stamp should be set to the correct date; every form received that day should be date-stamped, including the Transmittal Sheet. If a form consists of multiple pages in a booklet, it is stamped on the first page only.

#### 2. Check ID Numbers and General Data Recording

The person who opens the mail is the first line of quality control in the DCC. (S)he should inspect the forms to see that boxes are marked completely and carefully, and that the ID number is filled out correctly, with the marked digits corresponding to the written digits. If data-recording problems are detected at that time, they should be reported to the data manager, who will decide on a case-by-case basis how to proceed.

#### 3. Check and File Transmittal Sheet

The transmittal sheet accompanying the package is checked against the contents of the package. If there are any discrepancies between what is marked on the form and what is contained in the package, the discrepancy is noted on the Transmittal Sheet, which is then initialed and brought to the attention of the Data Manager. If there are no discrepancies, the sheet is filed, by site and date.

#### 4. Record Day's Receipts in the Logging System

The log of forms received in the DCC is kept on dBase. There are user-friendly screens which make it easy to enter new data receipts. Following are the steps to follow in logging in new data forms.

### a. Enter the dBase "Forms" Program

For the local area network (LAN), choose the dBase option to get into dBase. When asked if you want to continue in dBase, press <ENTER>. A menu will come on the screen to prompt you for dBase options. If you prefer to use your own commands rather than using the menu, press <ESCAPE>, which will put the cursor on the command line, at the bottom of the screen. After the "." on the command line, type DO LOGFAST <ENTER>. You will now be in the quick logging program for live data. The command for logging pilots is DO FASTPILO <ENTER>.

### b. Log in New Forms

To begin logging in new receipts, type the Site Number of the first group of forms, e.g., if you are logging California forms, type 1. The site abbreviation, E.G., CA, will come up automatically. Then, you may enter the 3(-5)-character form number, E.G., 01A, (or for forms being used for more than one time period i.e., 04A, you would enter 04A09 or 04A12) and the cursor immediately goes forward to the "number of forms" field. Enter the number of forms and <ENTER>. The cursor returns to the "form number" field, and you may continue through all the forms from that site. To change sites, simply cursor up to the "site" field, and enter the new Site Number, and continue as before.

Each entry records information about one form type from one site. Therefore, if there are 7 forms 02A from California, they should all be entered together.

You may press <ENTER> to move the cursor to the beginning of the next field, or you may use the cursor arrows to move around to other fields in a record.

### d. Check Your Work

When you are finished logging forms, press <ENTER> and you will be back at either the menu or (depending how you started) the "dot prompt" on the command line. If you used the menu you will have to press <ESCAPE> now to get out of the menu and get back to the command line. Now type BROWSE <ENTER> to see and/or edit what you just entered. When finished checking (browsing), simply press <CTRL END>; you will be back at the command line and you may type QUIT <ENTER>, to get out of dBase.

### e. Print the New File

Whenever new log records have been added to the system, you should list off the most recent version. This is important for a record, in case something untoward happens and you want to see the state of the file at the last update.

#### (1) List of Forms Log in Chronological Order

In order to receive a listing of the log records in the order in which the forms were received and logged in, go to the command line at the bottom of the monitor and type LIST TO PRINT <ENTER>.

#### (2) List of Forms Log in Site/Form Number Order

To receive a listing of the log records in Site and Form-Number sequence, issue the following two commands on the command line:

(a) INDEX ON SITE + FORM <ENTER>: The system will ask for a file name and you may type "SITEFORM". It will tell you that already exists but you may give permission to replace it.

(b) LIST TO PRINT <ENTER>

### 5. Reply to BITNET Messages

Before each site sent a package of forms to the DCC, they may have sent a BITNET message to that effect. Those messages will be sitting on "HOLD" in the MAIL facility at DCRT. (See Section II.F, above for Electronic Mail procedures.) The forms handler should enter the MAIL facility at DCRT, find the messages which refer to the day's receipts, and REPLY to them, sending back the original message with a terse additional message, such as "GOT IT" or "IT'S HERE" or something to that effect. Those mail messages are to be discarded from the mail system once they are responded to, since they have already been printed and filed in the DAYCARE file.

### B. Send Multi-Page Forms to Cutting

Any multi-page one month forms must be cut on the large cutting machine located on the NIH main campus. Since the forms left the DCC for this procedure, they must be logged out to cutting and logged back in when they returned.

1. **Package and Send to Cutting / Log**

   a. Complete Form NIH 154-3, the Short Order Duplicating Request.

   b. Pack a box with the forms, close it securely, label it "Mr. Ben Jenkins, Bldg. 31, Room B4B517," and attach the white copy of the completed Form 154-3 to the outside of the box. Save the yellow copy for our records.

   c. Deliver the box to the Copy Center in EPN.

2. **Receive From Cutting / Log**

When forms come back from cutting, they should be logged back in, as follows:

   a. On the LAN, enter the command NETDBASE.

   b. At the menu prompt, enter 3, Logging Data Base for the LIV Study. This will open the logging file.

   c. When a data-entry screen comes up, simply press <ENTER>. You will now be shown the menu again. However, your "3", entered in the previous step, has effectively "opened" the logging file, and it is available for you to use. Enter "9" to this prompt, and the cursor will move to a "dot prompt" at the bottom of the screen.

   d. To the dot prompt, enter BROWSE <ENTER>. You may now use page up, page down, and the directional arrows to cursor around the data base.

   e. Find the first log record which refers to forms which have returned from cutting. Cursor over to the "FROMCUT" field, and enter the date the forms came back from cutting.

   f. Repeat step "e" as often as necessary to log in all the forms which returned from cutting. When you are done, press <CTRL END> to save your updates.

g. At the dot prompt on the command line, you may now enter "QUIT" to get out of DBASE.

### C. Move Forms to Scanner Queue

After forms have been logged in and date stamped, (and back from cutting, if multi-page one month forms), they are to be placed on their proper spot on the shelves near the scanner. The shelves have labels at each location denoting the form to place there.

### D. Scan Forms

The scan operator should check the scanner shelves every day for Hospital Recruitment Forms (Form 01A), since they must be scanned immediately. Whenever the scan operator is ready to begin scanning, (s)he should take forms in form-number order; i.e., Form 01A has highest priority, then Form 01B, etc. When taking forms to scan, all the forms of that type must be taken out of the scanning queue and scanned at one time. After the forms have been scanned, they are placed in the over-head compartment of the stay-in-school persons desk.

### E. File Forms

There is a central file room located in the DCC, for storing the forms which have been scanned or keyed. Early in the study each separate form type had its own pendaflex folder, within which are placed 10 manila file folders (one for each site). Hence, Form 02B, the questionnaire, MY BABY, had its own pendaflex folder. Within that pendaflex are 10 manila folders, one for each site. When forms have been scanned, they were filed in the appropriate folder. Currently scanned and keyed forms are filed by batch until final editing has occurred. Then each form is filed by ID.

## F. FORMS

Following is a list of all the forms generated at the DCC. The ones marked with a "*" are scanned, those with a "^" are keyed, and those with a "#" are not returned to the DCC.

#00A Hospital Screening Form
#00B Address Form
#00D Two-Week Phone Call Work-Sheet

^DM-A Transmittal Form of Recruitment Data Forms
^DM-B Subject Drop-Out
^DM-C Interviewer Monitoring Form
^DM-D Visitor's Interview Report Form
^DM-E Safety Exclusions
^DM-F Visitor's Interview Report Form for Fathers
^DM-G Exception Period Data Collection Approval
^DM-H Interview Report Form
^DM-I Multi Purpose Cover Sheet
^DM-J Director's Change Form
^DM-K 24 Month Home Observation Report Form
^DM-L Missing Report Form
^DM-M Missing Peer Data Report Form

### HOSPITAL RECRUITMENT

*01A Recruitment Form
*01B Gestational Age Form
^01C Two-week Phone Call List
#01D Two-week Phone Call Work Sheet
01E Two-week Phone Call--Father Study

### ONE-MONTH HOME VISIT

*02A One-Month Interview - Section 1
*02B My Baby Questionnaire
*02C My Feelings Questionnaire
*02D Parental Care Questionnaire
*02E Children and Their Parents Questionnaire
*02F Relationships with Other People Questionnaire

03AF Fathers' Study
*03A One-Month Interview - Section 2
*03B Your Pregnancy Questionnaire
*03C Family Finances Questionnaire
*03D What Employment Means to Me (A) Questionnaire
*03E What Employment Means to Me (B) Questionnaire
*03F Attitude Toward Maternal Employment Questionnaire
*03G Feelings About Parenting Questionnaire
*03H Ideas about Raising Children Questionnaire
*03I Love and Relationships (A) Questionnaire
*03J Love and Relationships (B) Questionnaire
03K Contact Names and Addresses

#03L Questionnaire Log

03M Questionnaire Log for Fathers

### THREE-MONTHS TELEPHONE CONTACT
04A Three-Month Phone Contact

### FIVE-MONTHS TELEPHONE INTERVIEW
*05A Information for Five-Month Telephone Interview (Grid)
*05B Five-Month Telephone Interview

### SIX-MONTHS
**Home Interview**
*06A Six-Month Home Interview Section 1
*06B My Baby
*06C My Feelings
*06D Parental Care
*06E Relationships with Other People

*06F Six-Month Home Interview Section 2
*06G Family Finances
*06H Feelings About Parenting
*06I Combining Work and Family
*06J Job Experiences
*06K Self Scale
*06L My Child Care
#06M Last page, Section 3
#06N Questionnaire Log for 6-Month
*06O Observation Report
*06P 6-Month Home Visit Structured Interaction Qualitative Ratings Scales
*06Q Infant/Toddler Home Inventory

**Child Care**
^07A Director Telephone Interview
07B Director Telephone Interview for Centers We Cannot Visit
07C Mom Phone Interview/ CC H. Arrngts Can't Visit
07D Director Questionnaire
07E Child Caregiver Interview - Center Version (short form)
^07F Child Caregiver Interview - Center Version (long form)
07G Caregiver Interview - Home Version for Fathers
^07H Observation Rating of the Caregiving Environment
07I Child Care Interview - Home Version (short form)
^07J Child care Interview - Home Version (long form)
*07K Child Caregiver Provider Questionnaire
*07L This Baby
*07M Caregiver Ratings of Parent-Child Behaviors When Parent Leaves
*07N Caregiver Ratings of Parent-Child Behaviors When

Parent Returns
*07O Ideas About Raising Your Children
*07P Taking Care of Young Children
^07Q Infant/Toddler Child Care Home Inventory
^07R Profile - Family Day Care
^07S Profile - Center Version
#07T Six-Month Child Care Planning Sheet
^07U Director Questionnaire for Centers We Have Visited Before

HHS (Fathers)
*08A HHS Cover Sheet
*08B Attitude Toward Maternal Employment
*08C My Time Spent as a Parent Part 1
*08D My Time Spent as a Parent Part 2
*08E Combining Work and Family
*08F Self Scale
*08G Love & Relationships(A)
#08H Questionnaire Log for 6 Month HHS Study

SEVEN MONTHS
*09A Seven-Month Coding Sheet Booklets

NINE MONTHS
*04A Telephone Contact (9-Month)

TWELVE MONTHS
*04A Telephone Contact (12-Month)

THIRTEEN MONTHS
*10A Current Child Care Grid - 13, Month
*10B 13 Month Telephone Interview
#10C Information for 13 Month Telephone Interview

^16D 13 Month Alternate Caregiver Telephone Interview
^16E Information for 13 Month Alternate Caregiver Telephone Interview

FIFTEEN MONTHS
Child Care
DM-J Director Change Form
*11A Director Telephone Interview
^11B Director Telephone Interview for Centers We Cannot Visit
^11C Mother Telephone Interview About Child Care for Home Arrangements We Cannot Visit
*11D Director Questionnaire (Long Form)
*11E Child Caregiver Interview - Center (Short)
*11F Child Caregiver Interview - Center (Long)
^11G Caregiver Interview - Home Version for Fathers
*11H Observational Ratings of the Caregiving Environment
*11I Child Caregiver Interview - Home (Short)

| | |
|---|---|
| *11J | Child Caregiver Interview - Home (Long) |
| *11K | Child Caregiver Provider Packet |
| ^11Q | Infant/Toddler Child Care Home Inventory |
| ^11R | Profile - Family Day Care |
| ^11S | Profile - Center Version |
| ^11T | Center Director Background Information |
| ^11U | Director Questionnaire for Centers We Have Visited Before (short form) |
| *11W | Post Visit Interview and Ratings of the Caregiving Environment |
| ^11X | CG Inter - Home Version for Mothers Who are Child Care Providers (Long) |
| #11Z | Child Care Observation Schedule Face Sheet and Checklist |

HHS Fathers

| | |
|---|---|
| *12A | HHS Cover Sheet |
| *12B | Attitude Toward Maternal Employment |
| *12C | My Time Spent as a Parent Part 1 |
| *12D | My Time Spent as a Parent Part 2 |
| *12E | Combining Work and Family |
| *12F | Love and Relationships (A) Mother & Father) |
| *12G | Job Experiences |
| #12H | Questionnaire Log for 6 Month HHs Study |

Standardized Questionnaires

| | |
|---|---|
| 12I | Achenbach |
| ^12J | ASBI |
| ^12K | Bayley (with DM-I form) |
| ^12L | Bracken |
| ^12M | CBCL |
| ^12N | PPVT |
| *15M | MacArthur Communicative Inventory (with DMI form) |

Lab

| | |
|---|---|
| #14A | Lab Visit Log |
| *14B | Attention Coding Sheet |
| *14C | Levels of Play Coding Sheets |
| *14D | Unique Play Acts |
| *14E | Strange Situation Coding Sheet |
| #14F | Confirmation Call |
| ^14G | Weight & Length Measurement |
| ^14H | Scale Calibration |
| ^14I | Lab Monitoring Form |

Home Interview

| | |
|---|---|
| *15A | Home Interview Booklet 1 |
| *15B | Home Interview Booklet 2 |
| #15C | Last page (not returned to us) |
| *15D | My Feelings |
| *15E | Parental Care |

*15F Relationships with Other People
*15G Combining Work & Family
*15H Family Finances
*15I Parenting Experiences
*15J Job Experiences
*15K My Child Care
*15L Ear Infection
#15L-a Physician Contact Form
#15L-b Ear Infection Follow-Up Form
#15L-c Physicians Health Form (short)
#15O Questionnaire Log for 15-mo Home Interview
*15P Home Visit Scoring Form
*15Q Post Visit Interview with Mother
*15R Post Visit Ratings of Mother & Child
*15S Videotaping Record Form
#15T Interaction Video Shipment List
*15U Home Visit Structured Inter. Rating Log
*15V Infant/Toddler Home Inventory
^15X Home Visit Report
^15Y Monitoring Form Mother/Child Procedure

Alternate Caregiver
^16A Part I Alternate Caregiver Identification
^16B Part III Initial Interview with Alternate Caregiver
^16C Alternate Caregiver Follow-up Interview
^16F Alternate Caregiver Home Interview
^16G Alternate Caregiver Section 2

EIGHTEEN MONTHS
*18A 18 Month Phone Call
^16H 18-mo Alternate Caregiver Telephone Contact

TWENTY-ONE to TWENTY_THREE MONTHS
*18A 21 Month Phone Call
*10A Current Child Care Grid - 22(23) Month
*10B 22(23) Month Telephone Interview
^16D 22 Month Alternate Caregiver Telephone Interview
^16E Information for the 22 Month Alternate Caregiver Telephone Interview

**TWENTY-FOUR MONTHS**

**CHILD CARE**

| | |
|---|---|
| ^DM-J | Director's Change Form |
| | |
| *11A | Director Telephone Interview |
| ^11B | Director Telephone Interview for Centers We Cannot Visit |
| ^11C | Mother Telephone Interview about Child Care for Home Arrangements We Cannot Visit |
| *11D | Director Questionnaire (long form) |
| *11E | Child Caregiver Interview - Center Version (short form) |
| *11F | Child Caregiver Interview - Center Version (long form) |
| ^11G | Caregiver Interview - Home Version for Fathers |
| *11I | Child Caregiver Interview - Home Version (short form) |
| *11J | Child Caregiver Interview - Home Version (long form) |
| *11K | Child Caregiver Provider Packet |
| ^11T | Center Director - Background Information |
| ^11U | Director Questionnaire for Centers We Have Visited Before (short from) |
| *11W | Post Visit Interview and Ratings of the Caregiving Environment |
| ^11X | Caregiver Interview - home Version for Mothers Who Are Child Care Providers (long form) |
| | |
| *24H | Observational Ratings of the Caregiving Environment |
| ^24R | Profile - Family Day Care |
| ^24S | Profile - Center Version |
| ^24Q | Infant/Toddler Child Care Inventory |
| #24Z | Child Care Observation Schedule Face Sheet and Checklist |

**HHS Fathers**

| | |
|---|---|
| *12A | HHS Cover Sheet |
| *12B | Attitude Toward Maternal Employment |
| *12C | My Time Spent as a Parent Part 1 |
| *12D | My Time Spent as a Parent Part 2 |
| *12E | Combining Work and Family |
| *12F | Love and Relationships (A) Mother & Father) |
| *12G | Job Experiences |
| *12H | Questionnaire Log for 6 Month HHs Study |
| | |
| #DM-F | Visit Report Form - HHS Study |

**STANDARDIZED TESTS**

| | |
|---|---|
| ^12J | ASBI-Mother (DM-I form attached) |
| ^12J | ASBI- Child Care (DM-I form attached) |
| ^12K | Bayley (DM-I form attached) |
| ^12M | CBCL-Mother (DM-I form attached) |
| ^12M | CBCL-Child Care (DM-I form attached) |
| | |
| *15M | MacArthur Communicative Inventory (DM-I form attached) |

## LAB
^12P Bayley Compliance Sheet

*14C Levels of Play Coding Sheet
*14D Unique Play Acts Recording Form
^14H Scale Calibration

*24G Height & Weight

## HOME INTERVIEW
*15A Home Interview Booklet 1
*15B Home Interview Booklet 2
#15C Last page (not returned to us)
*15D My Feelings
*15E Parental Care
*15F Relationships with Other People
*15G Combining Work & Family
*15H Family Finances
*15I Parenting Experiences
*15J Job Experiences
*15K My Child Care
*15L Ear Infection
#15L-b Ear Infection Follow-Up Form
#15L-c Physicians Health Form (short)
^15M MacArthur Communicative Inventory (DM-I form attached)
#15T Interaction Video Shipment List
^15U Home Visit Structured Inter. Rating Log
*15Q Post Home Interview With Mother

^24C Interview Part 6: Updating Our Files
#24L-a Physicians Contact Form
^24Y The Year Before My Child Was Born (Passive Smoking)

#25A Lab Visit Log
^25I Lab Visit Monitoring Form
#25O Questionnaire Log for 24-month Home Interview
^25P 24-Month Lab Visit Structured Interaction Qualitatives Rating Scales (Dallas only)

^26P 24 & 36 Month Clean-Up Assessment (Texas only)
#26S Solitary Play/Snack Video Shipping List
#26T Clean-Up Video Shipping List

DM-C Interviewer Monitoring Form

## HOME VISIT
*24N Q-Sort
*15Q Post Home Interview With Mother
^24P 24-Month Information and Post Home Visit Interview Part 2
#DM-K 24-Month Home Observation Report Form

### ALTERNATE CAREGIVER

^16A Part I Alternate Caregiver Identification
^16B Part III Initial Interview with Alternate Caregiver
^16C Alternate Caregiver Follow-up Interview
^16F Alternate Caregiver Home Interview
^16G Alternate Caregiver Section 2

### TWENTY-SEVEN MONTHS

*18A 27-mo Phone Calls

^16H 27-mo Alternate Caregiver Telephone Contact

### THIRTY MONTHS

*18A 27-mo Phone Calls

^16H 27-mo Alternate Caregiver Telephone Contact

### THIRTY-THREE TO THIRTY-FIVE MONTHS

*10A Current Child Care Grid 33 Month
*10B 33-Month Telephone Interview
#10C Information for 33-Month Telephone Interview

^16D 34-Month Alternate Caregiver Telephone Interview
^16E Information for 34-Month Alternate Caregiver Telephone Interview
^16H 33-Month Alternate Caregiver Telephone Contact

#35B Information for 33-Month Telephone Interview
#35D 35 Month Phone Call, Part 5D, 5E, GRID and Peer Information Worksheet

### THIRTY - SIX MONTHS

#### CHILD CARE

^DM-J Director Change Form
^DM-M Missing Peer Data Form

*11A Director Telephone Interview
*11D Director Questionnaire (long form)
*11E Child Caregiver Interview - Center Version (short form)
*11F Child Caregiver Interview - Center Version (long form)
*11I Child Caregiver Interview - Home Version (short form)
*11J Child Caregiver Interview - Home Version (long form)
*11K Child Caregiver Provider Packet
^11T Center Director - Background Information
^11U Director Questionnaire for Centers We Have Visited Before (short from)
*11W Post Visit Interview and Ratings of the Caregiving Environment

*24H Observational Ratings of the Caregiving Environment

| | |
|---|---|
| #36A-a | Peer Information Interview for Child Care Providers |
| #36B-b | Peer Information Interview for Alternate Settings |
| ^36B | Director Telephone Interview for Centers We Cannot Visit |
| ^36C | Mother Telephone Interview About Child Care for Home Arrangements We Cannot Visit |
| ^36G | Caregiver Interview - Home Version for Fathers |
| ^36N | Non-English Language Observation |
| ^36P | Peer Observation Videotaping Report |
| ^36Q | 36 Month Early Child Care Home Inventory Score Sheet |
| ^36R | Profile - Family Day Care |
| ^36S | Profile - Center Version |
| ^36T | Profile Self-Monitoring Form |
| #36V | Peer Observation Video Shipment List |
| ^36W | Center Director - Background Information (short form) for Directors Who Have Been Interviewed Before |
| ^36X | Caregiver Interview - home Version for Mothers Who Are Child Care Providers |
| #36Z | 36-mo Child Care Observation Schedule Face Sheet and Checklist |

HHS FATHER

| | |
|---|---|
| *12A | HHS Cover Sheet |
| *12B | Attitude Toward Maternal Emploment |
| *12C | My Time Spent as a Parent Part 1 |
| *12D | My Time Spent as a Parent Part 2 |
| *12E | Combining Work and Family |
| *12F | Love and Relationships (A) Mother & Father) |
| *12G | Job Experiences |
| #12H | Questionnaire Log for 6 Month HHs Study |
| | |
| #DM-F | Visit Report Form - HHS Study |

STANDARIZED TESTS

| | |
|---|---|
| ^12J | ASBI-Mother (DM-I form attached) |
| ^12J | ASBI- Child Care (DM-I form attached) |
| ^12L | Bracken (DM-I form attached) |
| ^12M | CBCL-Mother (DM-I form attached) |
| ^12M | CBCL-Child Care (DM-I form attached) |
| ^12N | PPVT (DM-I form attached) |
| ^12O | Reynell (DM-I form Attached) |

LAB

| | |
|---|---|
| *14B | Attention Coding Sheet |
| ^14D | Unique Play Acts Recording Form |
| ^14H | Scale Calibration |
| | |
| *15P | Structured Interaction Rating Scales |
| #15T | Interaction Video Shipping List |
| | |
| *24G | Height and Weight |

#26P 24 & 36 Month Clean-Up Assessment (Texas only)
#26S Solitary Play/Snack Video Shipping List
#26T Clean-Up Shipping List

#38A 36 Month Lab Visit Log
^38C Compliance Ratings in Growth Procedure
^38I Monitoring From
#38R 36 Month Self-Control Video Shipping List
^38V Television Viewing Interview

HOME INTERVIEW
*15A Home Interview Booklet 1
*15B Home Interview Booklet 2
#15C Last page (not returned to us)
*15D My Feelings
*15E Parental Care
*15F Relationships with Other People
*15G Combining Work & Family
*15H Family Finances
*15I Parenting Experiences
*15J Job Experiences
*15K My Child Care
*15L Ear Infection
*15Q Post Visit Interview With Mother
*15R Post Visit Ratings of Mother and Child

^39C Interview Part 6: Updating Our Files
^39C-a Health Condition Follow-Up
#39L-a Physician Contact Form
#39L-b1 Ear Infection Follow-Up Form Option 1: Simultaneous Collection
#39L-b2 Ear Infection Follow-Up Form Option 2: Simultaneous Collection with Reimbursement
#39L-b3 Ear Infection Follow-Up Form Option 3: Post Common Protocol Collection
#39L-c Physicians Health Form
#39L-j Otitis Media Data Collection Summary Sheet
#39O Questionnaire Log
*39Q Early Childhood HOME Inventory Score Sheet
^39X Home Visit Report

*02E Children and Their Parents Questionnaire

*03D What Employment Means to Me (A) Questionnaire
*03E What Employment Means to Me (B) Questionnaire
*03I Love and Relationships (A) Questionnaire
*03J Love and Relationships (B) Questionnaire

ALTERNATE CAREGIVER
^16A Part I Alternate Caregiver Identification
^16B Part III Initial Interview with Alternate Caregiver

^16C Alternate Caregiver Follow-up Interview
^16F Alternate Caregiver Home Interview
^16G Alternate Caregiver Section 2

**FORTY MONTHS**
^40A Phase II Recruitment Form

**FORTY-TWO MONTHS**
^42A 42 Month Phone Calls
^42B 42 Month Phone Call Grids

## V. DATA ENTRY SYSTEM

Data entry is the central activity of the Data Coordinating Center. Data-entry activities provide for the data on the mark-sense forms which are received back in the DCC to be scanned and added to the SAS database. Non high volume forms are not mark-sense are keyed at the DCC when returned. Back-up and quality-control procedures are built in at each step in the process, to ensure data integrity.

### A. Overview

In general, the software for the data-entry system consists of two main elements: 1) the PC system, which includes either A) preparing the scanner, scanning the forms, or B) dBase menu driven data entry programs for the none-scannable forms; and uploading the data collected as ASCII files; and 2) the system of SAS programs on the mainframe at the Division of Computer Research and Technology (DCRT), which converts the uploaded data files to SAS and adds them to the master SAS database. In conjunction with these software systems, reports are generated weekly to monitor recruitment and monthly to monitor all other data-collection activities. Peripheral to the data entry system are all the procedures and instructions, both internal and to the sites, which are kept current through updates each time a new data-collection instrument is introduced into the system.

### B. PC System / SCAN

The PC System is currently installed on two computers located in the DCC. The system is invoked by getting into the SCANBOOK sub-directory (CD \SCANBOOK) and then issuing the command, SCAN, which invokes the batch file, SCAN.BAT. SCAN is a user-friendly, menu-driven system which leads a user through all the steps required to initialize the scanner, scan forms, prepare the two-week call list, and archive scanned data. Following is a representation of the Menu displayed by the SCAN system:

```
Type the number of your selection and press Enter

1.     Form Definition Process
2.     Read Forms First Time
3.     Read Forms Second Time
4.     Compare First and Second Read
5.     Accumulate Form Data
6.     List and Archive Data
7.     Generate Two-week Call List
```

A description of each of these processes and the procedures required to perform them follows.

### 1. Form Definition

Form Definition is the process whereby the Scantron software, SCANBOOK 8000, is invoked, prompting the user to describe the coordinates of the answer bubbles on the collection instrument. SCANBOOK 8000 is a user-friendly, pull-down menu package which makes it easy to set up the scanner. If the operator chooses Menu Option 1, Form Definition Process, a PC batch file is invoked which redirects output for the printer to a file, so the Form Definition File being created can be captured for export. Then the routine automatically invokes the Scantron software to begin Form Definition.

#### a. Scantron Software on PC

Operators should be trained and/or use the Scantron manual to perform this procedure. The operator must program the scanner for the new form by writing next to every answer bubble the corresponding row and column coordinates. Once in the SCANBOOK software, the operator will prepare the form description that describes the various types of information on the form, the location of these blocks of information, and how each of these blocks is to be translated into the corresponding field of data in the record generated when the form is read. This form description is converted by SCANBOOK 8000 into a precise set of translation commands called form definitions that are stored in the Model 8000 to process the forms data.

#### b. Upload to Mainframe

When the Form Definition has been created according to instructions in the Scantron manual, the batch file program, referred to above, stores it as

C:\SCANBOOK\fff.PRT, (where fff-the form number).

Each time a new form is introduced into the DCC data-entry system, the Form Definition File will be created for the scanner and then uploaded, to be available as input to the SAS program that converts scanned data to SAS and adds it to the database. The PC file is uploaded to DCRT, via Kermit (or Kermy) and saved as &JJP1ER3.SCANDEF.Ffff on FILE64 (where fff-the form number).

### 2. Scan Forms Twice

#### a. General

As a quality-control measure, the mark-sense forms are scanned twice and then compared, to check that the scanner is reading the forms accurately. (The scanner measures light reflected from an answer box. If no light is reflected, because the answer box has been darkened, then it is recorded as a response. However, boxes which are marked but not completely darkened may reflect some light. This will cause the scanner to see it as a response at some times and no-response at other times. Comparing the results of two separate scans will identify discrepant readings.) Menu Options 2 and 3 are to be used for the first and second scan respectively. When the forms are scanned, the machine reads the top form first and stacks it on the bottom, in effect totally reversing the order of the forms. The Scantron machine can read from the front or the back of the forms; for the second scanning, the operator will turn the stack upside down. Now the last-read form is on the bottom, the first-read form is on the top - just like it was for the first read - except the forms are upside down and Scantron reads from the back of the forms. This process can be repeated, if necessary, starting from either side.

The first-read file is stored on the PC as C:\SCANBOOK\FIRST\fff and the second-read file is stored as C:\SCANBOOK\SECOND\fffSEC (where fff=form number). The saving of these files will erase any that were left there from a previous scanning session. Therefore, after scanning is complete and the two scanned files are compared, the operator must run the accumulation routine (Option 5 on the menu, described below).

#### a. Detailed Procedures for Scanning

1. Remove all paper clips and notes from forms; rearrange forms with mutilated ones in back if possible, although this can not be done within booklets.

2. Pat forms carefully to align forms in a stack. No more than 100 forms per batch should be processed if there are reading or feeding problems. Be especially careful not to bend edges of forms.

3. Follow the directions on the screen to scan forms; i.e., press <1> on the scanner to lower the hopper, load the forms, and press a key on the keyboard to begin reading. If forms get stuck or the scanner times out, press <2> on the scanner to unload the forms temporarily and gently remove any stuck forms by pulling horizontally and slowly. Then straighten the form edges, restack them, and press <1> on the scanner to reload. If they don't begin to feed immediately, you may press <2> again. Do not press <END> on the scanner unless you must reread the whole batch.

Once the first read is successful, reverse the forms and proceed with Option 3 on the computer menu, to begin the second reading of the forms into file \SECOND\nnXSEC.

The two reads must not contain any FORM ERRORs and both reads must result in the same number of records. If there are any FORM ERRORs or the two files have a different number of records, the batch must be re-read. If you are unable to achieve that condition, the Data-Base Manager should be notified.

### 3. Compare Scanned Data Files

Option 4 from the "Scan" menu, Compare First and Second Read, automatically compares the two files which were created above. The batch file invoked by this option first uses a DOS compare which runs almost instantaneously. If the compare is OK and no mismatches are found, the routine ends. However, if mismatches are found, the routine then invokes a Word-Perfect macro which compares the files and displays the results of the compare, with the offending records highlighted. (The DOS compare only tells that there was a mismatch and the hexadecimal offset in the file. Locating the problem record requires first converting the hex number to decimal, then dividing by the length of the record, in order to locate the offending record. A Word-Perfect compare, on the other hand, shows the complete record from both files, making the problem much easier to remedy.) The operator can then find the record which did not scan the same way in both reads and see what the problem was -- usually a mark that did not completely fill the answer box. The operator does not change the marks on the questionnaire or mark-sense form in any way, but changes the appropriate field in the C:SCANBOOK\SECOND\fffSEC file to the correct value, since that is the file which is used in the following step. If there is any doubt about what the correct value is, the operator should consult with the Data Manager. All misreads should be noted and reviewed by the Data Manager.

### 4. Accumulate Files

When the mark-sense forms have been scanned twice and compared, and any mismatched records discovered in the compare have been resolved, the data must be accumulated in the C:\SCANDATA\fff file. Use Option 5 on the menu, Accumulate Form Data, to append the corrected file, C:SCANBOOK\SECOND\fffSEC, to the accumulated file C:\SCANDATA\fff. In other words, if there were existing data in the SCANDATA file, the new records are added to the end of it. If there were no existing records in that file, the new records are simply saved in that location. Thus any records which are scanned are saved until they are listed, uploaded, and archived.

### 5. List and Archive Data

Option 6, List and Archive Data, takes the accumulated data file for Form fff from C:\SCANDATA\fff, and

(1) copies it to a file, D:\SCANDATA\fff, for future uploading to the mainframe;

(2) archives it to a diskette as MM-DD-YY.fff (where MM-DD-YY is the system date); and

(3) lists it in hard copy.

The operator should file the hard copies in chronological order, by form number.

Be careful not to run Option 6 more than once per form, per day, or data could be overwritten.

### 6. Generate Two-Week Call List

#### a. Generate

Menu Option 7, Generate Two-Week Call List, is to be invoked each time Form-01A records are scanned, during the Recruitment Phase. It automatically invokes a batch SAS program, READFORM, which converts the Form-01A data to SAS, drops the excluded subjects, applies the "random-order" algorithm, and produces the two-week call list as file D:\SAS\READFORM.LST.

#### b. Inspect for Problems

The Call-List file, D;\SAS\READFORM.LST, should be inspected for "Duplicate ID" messages or missing ID numbers, using Q-Edit, as follows:

```
Q D:\SAS\READFORM.LST <ENTER>
```

If problems are discovered during this inspection, they should be referred to the supervisor or Data Manager.

### c. Archive the Call List

The Call-List File, D:\SAS\READFORM.LST, should be copied to the Call List backup diskette with the command

```
COPY D:\SAS\READFORM.LST  A:mm-dd.PRT,
```

where "mm-dd" are the current month and day.

### d. Print the Call List

To print the output, the operator must print the file, D:\SAS\READFORM.LST. Two copies of the Two-Week Call List should be printed and distributed, as follows:

(1) First FAX this copy to the sites with a cover memo explaining that this is an advance copy and that the hard-copy version is on the way in overnight mail -- and then to mail it, via FEDERAL EXPRESS;

(2) Separate the site lists, and staple them together, by site. Also staple together the data listing and the complete call-list listing. Put all these in the filing box, on top of the filing cabinet in the front office, next to the scanner-quere shelves.

## 7. Upload Data to Mainframe

The data in the D:\SCANDATA\fff file, created in Step 5, above, must be uploaded to DCRT, before any other file is saved over it. (It is prudent to upload the data the same day it was processed and archived.) Uploading should be accomplished with Kermit, or Kermy, since the Kermit protocol includes packet checking and is a safe way to transmit data files. If Kermy is used, you must name the file you are sending to the mainframe, e.g., F01A. The file is saved, prefixed by the user's account and initials, with that name -- on TMP001. It will stay there for only one day! Before signing off of TSO under Kermy, enter WYLBUR and save the data from TMP001 as SCANDATA.Fnnn, where nnn = the form number, e.g., 01A. IT IS MANDATORY THAT THE DATA BE SAVED WITH AN APPROPRIATE LRECL, CORRESPONDING TO THE LENGTH OF THE RECORDS THAT WERE UPLOADED. IF THEY ARE SAVED IN EDIT FORMAT, THE SAS PROGRAM WHICH PROCESSES THEM WILL HALT, WITHOUT APPENDING NEW RECORDS.

## C. Manual Entry -- Form 01C

Form 01C is the 2-Week Call List which we send to the sites, listing every subject from their hospital recruitment (who has not been disqualified), in the order in which they should be called for recruitment into the study. As the site recruiters call the subjects, they show on the form whether:

- a. the person is scheduled for a One-Month Home Visit--by entering a date in the "Date of 1 Month" box; or
- b. the person is not scheduled--by entering a Refusal/Exclusion Code in the last column.

When the sites have contacted enough people to satisfy their recruiting requirments, they send the marked-up forms to us. We must enter the data, convert it to SAS and append it to the F01C SAS Data Base, as follows:

1. Log on to DCRT.

2. Create a data set by entering one line for every subject ID:

| Column | Field | |
|---|---|---|
| 1-6 | ID | |
| 7 | SCHEDULED = 0 -- | If there is NO date on the form |
| | 1 -- | If there is a date on the form |
| 8-9 | REFUSAL CODE = | blank if SCHEDULED=1 |
| | | CODE if SCHEDULED=0. |

Note: If the subject is scheduled, there is no exclusion code and columns 8-9 are blank. If the subject is not scheduled, there <u>must be</u> an exclusion code.

3. Resave as &JJP!ER3.SCANDATA.F01C on FILE64 <u>LRECL 15.</u> The file may include data from all sites.

4. Add the current data to the archive (or cumulative list) of all F01C records, as follows:
   - a. Use from &JJP1ERS.F01C.ARCHIVE on FILE64.
   - b. Copy F/L from &JJP!ER3.SCANDATA.F01C to END.
   - c. Resave.

5. To invoke the automatic procedure that converts the data to SAS and appends it to the appropriate data base, issue the command

```
X FROM &JJP1ER3.WCP(CONVERT) on FILE64.
```

To the prompt for Form Number, enter
"01C."

And that's all. Do be absolutely certain that you have entered the data correctly before running the job, as it will save you a lot of trouble in fixing errors later.

### D. Network System dBase Data Entry

We are using dBase III+ on the network. After selection dBase from the network menu, you will come to a dBase menu. If for some reason a dot prompt is in the lower left hand corner rather than a menu, type DO NETMENU.

The programs in dBase have an extension of PRG, the files DBF, the formats FMT and the indexes NDX. In order to view the files available in dBase, type DIR at the dot prompt to view everything, DIR *.PRG for programs, DIR *.DBF for the actual files, DIR *.FMT for formats and DIR *.NDX if you want to view existing indexes. I only index when necessary. It actually saves time when inserting batch numbers or looking to see what just came in the last day or so. You can index on any fields. I normally do Childid and then add whatever is necessary to differentiate from duplicates.

The names for the keying live data is L for first key and B for second key. The reason for this is that when we started this system we were using F for first and S for second, but then realized that this was pilot so had to some up for something for the Live Data; therefore L for Live and B for Backup. So if you were looking to see if there is a file for 12K's rather than DIR *.DBF which would show you a whole bunch, you would type DIR L12K.DBF or DIR B12K.DBF.

To activate a file from the dot prompt simply type USE L12K (or whatever form you are looking for). The menus bring up the proper form with the format already attached. If you need to do this from the dot prompt simply type USE L12K (enter) SET FORMAT TO L12K. I have named all of the formats the same as the file. I also to avoid confusion same the indexes the same as the file. I have gotten into the habit of using MIKE as my testing or transfer file. You can use whatever you want.

### E. Clipper

The 36 month keyed data is done through the Clipper program which is a menu-driven system which prompts for first or second keying of the data, the time period from which the data came from (36 mo), and the form number. After entering all information, the appropriate form with the proper format will appear and the data can be entered with the appropriate responses. When doing a first key, the user is allowed to make corrections only on the page that appears on the screen. However, when second keying, responses cannot be changed after the user moves onto the next variable. When doing a second key, the program will let the user know when a response does not match with the first key by beeping, the user may then enter the correct response.

## F. DCRT Mainframe System / CONVERT

The Mainframe System is installed at DCRT on the project account and initials, &JJP1ER3, on FILE64. It is accessed through WYLBUR. You may sign on with your own initials and account, and simply set the prefix to &JJP1ER3 and the volume to FILE64; in that way, you will not interfere with others who may be using ER3 for E-mail.

### 1. Preparation for New Forms

Whenever a new form has been prepared and is being introduced into the system, several steps must be taken to assure that the data can be captured and stored properly. The data items must be given SAS variable names and labels; those names and labels must be added to the cumulative list of variable names which comprise the data dictionary; and appropriate formats which will be needed with those variables must be added to the format library.

#### a. Create Variable and Label List

##### (1) Variable Names

Each data item which is read as a separate variable by the Scantron software must be given a unique SAS variable name. The only exceptions are ID and REL, which are common to every form in the system. The variable names may contain only eight characters and must begin with a letter.

##### (2) Labels

Labels may be as long as 40 characters. The first bit of information in the label must be a reference to the form and question number; e.g., F01AQ3 means that this item came from Form 01A, Question 3. The remaining characters, up to 40 total, may be used for a clearer description of the variable's contents.

##### (3) Question/Variable Correspondence

More than one variable can come from a single question, such as a "month" variable and a "year" variable that both come from a "date" question, or one variable which refers to "Job 1" and one which refers to "Job 2" from the same question about employment. Some questions do not have any variable associated with them, such as "What is the baby's name?" because there is no data to be captured through scanning.

### (4) Form of Variable/Label List

The Variable/Label List is prepared such that the Variable Name begins in column 1 and the Label begins in column 15. If any single quotes are used in a label, e.g., for contractions or possessives, they must be doubled (two single quotes), so as to be useable in a SAS LABEL statement. The list may be prepared on the PC or in WYLBUR directly, but ultimately, it must be saved as &JJP1ER3.VARIABLS(Ffff) ON FILE64, where fff is the number of the form being described. Save the file with LRECL 80 (or use the keyword CARD), because this list will be used as input to a SAS program.

### b. Update Data Dictionary

The data dictionary is simply a cumulative WYLBUR file of all Variable/Label lists. Since each variable's label includes, as its first part, the form and item number, one can easily go into WYLBUR and search the data dictionary by variable name, by form/item, or by a key word that might be included in the label (such as "weight" or "school," etc). The data dictionary is saved as &JJP1ER3.DAYCARE.DATADICT on FILE64. Whenever a new form is described, you must "USE FROM" the DATADICT file, copy the new list to the end of it, and resave the DATADICT file.

### c. Check Data Dictionary for Duplicates

Since all variables must be named uniquely, each time the DATADICT file is updated, it is important to check for duplicate variable names. Run the program &JJP1ER3.SASPGMS(CHEKDICT) on FILE64; it will find any duplicate variable names on the Data Dictionary File. Only ID and REL should be allowed to remain as duplicates. If any variables in the new form just added have the same name as one already on the database, they must be changed, resaved in both the VARIABLS dataset and the DATADICT dataset, and rechecked with the CHEKDICT program.

### d. Update Format Library

New members may be added to the format library, JJP1ER3.FORMLIB on FILE64, at any time; however when adding variables to the database it is a good idea to add the formats that will be used with them. The format library can be made available to any SAS program by including a DD reference to it in the JCL, with the DD name SASLIB.

### (1) Adding New Formats

The program, &JJP1ER3.SASPGMS(FORMATS) on FILE64, is a cumulative program of all formats on the format library. To add one, simply add the code and execute the JCL, the FORMAT statement, and the new VALUE statement. It is also recommended that the last PROC in that job stream, PROC FMTLIB, also be executed whenever a format is added; it will print off the new contents of the format library nicely formatted, and in alphabetic order of the format names. Be sure to resave the new code, so the FORMATS program always contains an up-to-date copy of all VALUE statements.

### (2) Changing Existing Formats

Changing any member of the format library is accomplished similarly: change the code to reflect the correction and then execute the JCL, the FORMAT statement, the complete VALUE statement of the format being changed, and the PROC FMTLIB at the end. Again, be sure to resave the code when you are done.

## 2. Invoke Command Procedure

When all the procedures described above have been completed and the scanned data have been uploaded to the mainframe, you are ready to add the data to the SAS database. To do that, simply invoke the WYLBUR COMMAND PROCEDURE (WCP) by issuing the WYLBUR command, EXECUTE FROM &JJP1ER3.WCP(CONVERT) ON FILE64. The WCP prompts you for the form number and automatically submits a version of READFORM (see #3, below) which processes the uploaded data and adds it to the database.

## 3. CONVERT Program

The WCP, CONVERT, invokes a generalized SAS program, JJP1ER3.SASPGMS(CONVERT) on FILE64 and sets it up to process the form that you specify to the WCP. CONVERT uses as input:

a. The scanner definition file which was uploaded and saved in JJP1ER3.SCANDEF(Ffff) on FILE64 (see V.B.1.b, above), which provides information to the system about the location and length of variables on the data file;

b. The SAS variables and labels, saved as JJP1ER3.VARIABLS(Ffff) on FILE64; and

c. The input data file, which has been uploaded and saved as JJP1ER3.SCANDATA.Ffff on FILE64 (see V.B.7, above).

The program reads in the data, converts it to SAS, performs edit checks on the skip patterns and performs consistency and data-validity checks, writes an error report if any data fail the edits, and appends the data to the appropriate SAS database.

## G. Internal Procedures

In order to keep instructions and procedures current, it is important to update all manuals whenever there is a new form being introduced into the system or whenever new procedures are devised for regular processing. Any relevant information must be added to:

1. The DCC Manual, this document detailing procedures internal to the Data Coordinating Center;
2. The Site Manual, the manual which is distributed to the sites and contains their detailed procedures; and
3. The Logging System.

## H. Entering Changes to Data Base

### 1. Hard-Copy Documentation

On the shelf in the Data Manager's office is a blue canvas notebook of "Change Documents." In it are filed paper documents describing the reason and date of every change introduced to the data base. If there is a document from the site, the original document or a Xerox copy may be filed in the notebook. If the change was initiated here at the DCC -- for example, data-entry performed at the DCC was found to be in error and this action corrects it -- the situation may be described and inserted as documentation in the book. There is a divider in the book to separate changes to the pilot data base from changes to the "Live" study. All forms should be filed in chronological order with the most recent forward.

### 2. WYLBUR File of Archives

Whenever a change must be applied to the data base, a record of it must be made, on-line, in the appropriate WYLBUR file:

```
&JJP1ER3.CHANGES.ARCHIVE on FILE64
          or
&JJP1ER3.PILOT.CHANGES.ARCHIVE on FILE64.
```

### 3. PDS of Change Programs

The PDS, &JJP1ER3.CHANGE.PGMS on FILE64, is a participated data set of change programs which have been run to effect changes in the data base. Each of these programs is an AD HOC program which may apply one or more changes to one or more of the SAS data bases. The programs are saved as members of the participated data set, where the member name is the date of the run. Through this date, it is possible to link the program back to the documentation either in the book of change documents or on the WYLBUR file of changes.

### 4. Filing the Change Job

The listing of the job which applied the change to the SAS data base is filed in the data binder which contains all the updates to the same data base. The tab which is affixed to the run has the date and the word, CHANGE, on it--and is in a different color from the other regular update runs, so as to be easily picked out. Documentation for any run can be found by linking t by date to hard-copy documentation in the Change Book or on-line documentation in the WYLBUR file.

## I. Running Monitoring Program (MONITOR)

The monitoring report is a tabulation of all subjects, showing the percentages, for both the total population and separately by site - excluded and non-excluded separately, of the mother's ethnicity, education, marital status, and work plans. Every Thursday afternoon, during the ten-month recruitment phase, the programmer should run the monitoring report program and distribute one copy of the output to the Director of the Data Coordinating Center and one copy to the Data Manager, to be filed. The program is saved as JJP1ER3.SASPGMS(MONITOR) on FILE64, and may simply be run, as required.

## VI. DCC Recruitment Activities

A. Daily

1. Open Mail and Log Forms - Data Manager/Data Technician
2. Scan Forms - Programmer/Data Technician
3. Generate 2-week Call List During Recruitment Phase (RANDOM) - Programmer/Data Technician

B. Weekly

1. Run Monitoring Program During Recruitment Phase (MONITOR) - Programmer
2. Send Weekly Report to Sites, over BITNET - DCC Director
3. File Forms - Data Technician
4. Run SAS Conversion - Programmer/Data Technician
5. Check Edit List - Data Manager

C. Monthly

1. Run Production Summary Statistics - to be described

## VII. MONITORING ACTIVITIES

### A. Mailouts

Requests for copies of mailouts should be sent to Cheryl at the copying center located on the 5th floor. Need to have a total of 109 copies of forms and 39 copies of chapters made. To each site send 10 copies of forms and 3 copies of the chapters, and also nine copies are sent to the special people that are listed below:

| Special People: | # of copies |
|---|---|
| Kathleen McCartney | 1 |
| Jay Belsky | 1 |
| Margaret Owen | 1 |
| Mark Appelbaum | 2 |
| Deborah Phillips | 1 |
| Lewis Lipsitt | 1 |
| Sarah Friedman | 1 |
| Bonnie Knoke | 1 |

Send all mailouts with a memo indicating what is included in the package. Two memos are needed, one for the sites and also one for the special people. The mailouts are then sent out by federal express.

### B. Federal Express

#### 1. Airbills

To order more airbills for the DCC call the administrative office and ask to order blank airbills. The administrative office should also be contacted to order more airbills to be used by the sites, as well as any other federal express supplies that may be needed.
The administrative office is on the fourth floor, and order requests can be made through Mel Carter.

#### 2. Printing Federal Express Labels

Elva Nelson's machine must be used to print the various sites' addresses on the federal express labels. To do this, first make a list of the sites and people that who will need more federal express forms. Then go to Elva's computer, and replace her computer paper with the blank federal express forms. Be sure to line up the forms where the print head will strike on the "Sender's Federal Express Account Number". Change the directory to c:\fedex, the following files can then be found :

FEDEXP0 - SITE 0
FEDEXP1 - SITE 1
FEDEXP2 - SITE 2

FEDEXP3 - SITE 3
FEDEXP4 - SITE 4
FEDEXP5 - SITE 5
FEDEXP6 - SITE 6
FEDEXP7 - SITE 7
FEDEXP8 - SITE 8
FEDEXP9 - SITE 9
FEDEXP10 - DEEANN BATTEN AT VANDERBILT
FEDEXP11 - JAY BELSKY
FEDEXP12 - KATHLEEN MCCARTNEY
FEDEXP13 - DEBORAH PHILLIPS
FEDEXP14 - MARGARET OWEN AT TEXAS
FEDEXP15 - LEWIS LIPSITT AT BROWN UNIVERSITY
FEDEXP16 - LILLIAN MOORADIAN -- SCANTRON
FEDEXP17 - JACKY MCINTOSH --SCANTRON AT CALIFORNIA

Then copy the file to be printed using the following format:

```
COPY FEDEXP1.DBF FEDEXP.DBF
```

The command to print is 'FEDEXP'. It will only print one form at a time, so you will need to keep typing the print command.

### C. Site Coordinators' Meeting: Minutes and Distribution

Site coordinators' meetings are held approximately every six months. DCC staff and NICHD program staff both attend. The DCC is responsible for taking and distributing minutes of the meeting.

### D. Certifications

All the certification tables are in lotus. To locate the files, the directory must first be changed to N:\ROSEA\DATA\LOTUS. The files can then be retrieved under the names "36CCCERT.WK1", "36HVCERT.WK1", AND "36LABCCER/WK1". When certifications are received, it is important to make corrections on both the hard copy (located in cabinet 1, file drawer 2) and also on the lotus file.

### E. Subject Retention Flow Chart

The subject retention flow chart keeps a record of the data that is completed, the number of subjects who have dropped out of the study, and the amount of missing data for each major assessment date. The subject retention flow chart can be found in a lotus file (BOX2.WK1), and is updated before every Steering Committee Meeting.

## F. Codebooks

All codebooks are located in T:\codebook\(month). In order to make up a new codebook the following must be done:

1. Download the variables
2. Go to the top of the file and insert the file T:\codebooks\topcodes
3. Change the title
4. Change the footer
5. Add answer codes

## G. Recruitment for Phase II

Recruitment for Phase II reports are to be updated monthly.

# VIII. SYSTEMS DOCUMENTATION

## A. Documentation Standards

### 1. Systems

Systems documentation is bound in a three-ring notebook labeled DCC DOCUMENTATION, and stored on the book shelf in the office of the Data Manager. It should serve as an overview of a system, describing all inputs and outputs, manual operations, and programs, and should follow the following format:

Section I -- System Flow Chart
The first part of system documentation should be a general flow chart showing the overall flow of data, from inputs to outputs. Each computer program should be represented in one block, which contains the full name of the program and where it is stored. All inputs/outputs should be fully labeled on the flow chart with data set names and locations of all computer files, and distribution of any hard-copy reports;

Section II -- Introduction
The introduction should explain the purpose of the system, whether it is employed regularly or incidentally, and under what conditions, who is responsible for initiating it, etc;

Section III -- Operation
The operation section should be a narrative description of the system flow. It should describe any handling or manual operations in enough detail that someone new could operate the system. This section does not need to include detailed logic flow for individual programs. They will be documented separately, in the Program Documentation (see Section 2, below).

### 2. Programs

SAS programs, for the most part, are easily documented, since the DATA steps and PROC steps rather define the data flow inherently. The program documentation should, however, be detailed enough that a programmer would be able to understand the program and maintain or alter it. The documentation is bound in a three-ring notebook on the book shelf in the office of the Data Manager, and should follow the following format:

Section I -- Introduction

The Introduction should begin with the storage location of the program, and should describe the purpose and overall function of the program, its place in a larger system, if applicable, when it is to be run and by whom, etc.

Section II -- Inputs and Outputs

This section gives the name and storage location of all inputs to and outputs from this program, and, if they are not obvious, a description of each. Also to be included are any special attributes, such as LRECL or EDIT FORMAT.

Section III -- Program Description

This section describes the logic of the program. The description of the DATA steps should be a readable narrative description of the step -- a written version of a program walkthrough. Descriptions of PROC steps would include such information as the population or subset being used, BY groups, special options, how missing values are treated, and any other items of interest.

## B. Systems

While the complete documentation of each system is found in the three-ring notebook on the shelf in the Data Manager's office, following is a list of the systems which are in place, and a very brief description of their function.

### 1. SCAN

The SCAN System is currently installed on two computers in the DCC. SCAN is a user-friendly, menu-driven system which prompts for a form number, in the form, FORM nnX, where nnX is the two-digits-and-one-letter identifier of a form. SCAN then leads a user through all the steps required to initialize the scanner, scan the forms, prepare a two-week call list, if necessary, and archive scanned data.

### 2. DBASE Data Entry

The DBASE data entry system is currently installed on the area network which operates on all of the personal computers in the DCC. The DBASE data entry system is a user-friendly, menu-driven system which prompts for month of data collection, first key versus second key, and form. The screens lead the user through all of the steps required to enter the data with explicit directions for coding the data. The First and Second key of the data are compared using SAS compare. Any differences in the two keyed files are noted and checked against the paper form for the correct response. The DBASE first key file is modified, if needed and this file is archived and uploaded to the mainframe to be converted to the SAS database for the particular form.

### 3. CLIPPER

The Clipper data entry system, which is used for all 36 month keyed data, is installed on the area network and can be used form all the personal computers at the DCC. The Clipper system is a menu-driven program which prompts for first or second key, the time period form which the data was collected (36 mo), and the form number. The screens then lead the user through all of the steps required to enter the data, with specific instructions for coding the data. The first and second key are compared using a SAS compare and any differences are then checked against the paper form for the correct response, and the first key is then modified.

### 4. CONVERT

The CONVERT System converts to SAS the ASCII/EBCDIC files which have been uploaded to the mainframe. Its execution is extremely user-friendly; execution of the WCP, CONVERT, prompts a user for a form number and then invokes a generalized SAS program, SASPGMS(CONVERT), and sets it up to process the form that was specified. the program reads in the data, converts it to SAS, performs edit checks on the skip patterns and performs consistency and data-validity checks, writes an error report if any data fail the edits, and appends the data to the appropriate SAS data base.

### 5. CHANGE

Use of the SCAN data forms eliminates most problems associated with data entry. However, the scanner only sees what is entered in the answer block, and since the people marking the answer blocks are also human, they make mistakes. Therefore, the DCC has designed a system to introduce changes to the SAS data bases. The system is a collection of both on-line and hard-copy documentation, manual operations, and ad-hoc programs.

Hard-copy documentation of the change action is stored in a notebook of "Change Documents" in the Data Manager's office. An on-line archive of the changes is kept at DCRT. The programs which actually apply the changes to the data bases are stored in a Participated Data Set (PDS), where the member name is the date of the run. Through this date, it is possible to link the program back to the documentation either in the book of change documents or on the WYLBUR file or changes. Finally, the listing of the job which applied the change to the SAS data base is filed in the data binder which contains all the updates to the same data base.

## C. Programs

### 1. CONVERT/CONVPIL

JJP1ER3.SASPGMS(CONVERT) on FILE64 at DCRT

This generalized SAS program reads uploaded raw data, converts it to SAS, performs edit checks on the skip patterns and performs consistency and data-validity checks, writes an error report if any data fail the edits, and appends the data to the appropriate SAS data base. It uses as input: the scanner form-definition file, which provides information to the system about the location and length of variables on the data file; a variable-list file, containing the SAS variables and their labels; and the raw-data file.

### 2. READFORM

D:\SAS\READFORM

This program is a local version of the CONVERT program (see 1, above) at the mainframe computer, which is used at the PC only with Forms 01A, the Hospital Recruitment Forms. It converts the Form-09A data to SAS, drops the excluded subjects, applies the "random-order" algorithm, and produces the two-week call list as D:\SAS\READFORM.LST.

### 3. MONITOR

JJP1ER3.SASPGMS(MONITOR) on FILE64 at DCRT

The MONITOR Program tabulates ethnicity, education, marital status, and work plans for both the total population and each site, and for both excluded and non-excluded subjects. Every Thursday afternoon during the ten-month recruitment phase, the programmer should run the monitoring report program and distribute two copies of the output to the Director of the Data Coordinating Center and one copy to the Data Manager, to be filed.

### 4. CALENDAR/CALENPIL

JJP1ER3.SASPGMS(CALENDAR)/(CALENPIL) on FILE64 at DCRT

The CALENDAR program, and its sister program, CALENPIL (for the pilot sample), generates for each site a calendar-type schedule for moving their study subjects through the study measures. The output has a separate page for each month, on which is shown the IDs and birth dates for those subjects who turn 3 months, 5 months, 6 months, 9 months, 12 months, ... 36 months during the calendar month.

5. **FMS/FMSPIL**

JJP1ER3.SASPGMS(FMS)/(FMSPIL) on FILE64 at DCRT
This program simply shows, for every non-excluded ID in the system, the forms which we have added to the SAS data base.

6. **FREQWEEK**

JJP1ER3.SASPGMS(FREQWEEK) on FILE64 at DCRT

This program calculates and displays, by SITE, how many subjects were recruited during a recruitment week.

7. **CHEKDICT**

JJP1ER3.SASPGMS(CHEKDICT) on FILE64 at DCRT

The CHEKDICT program is simply a utility program that checks the data dictionary, JJP1ER3.DAYCARE.DATADICT on FILE64, for duplicates. It is used each time a variabls list for a new form is created and added to the data dictionary.

# NICHD STUDY OF EARLY CHILD CARE
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# INTRODUCTION TO

# THE NICHD STUDY OF EARLY CHILD CARE

## Chapter 1

### I. Statement of Program Objective

The NICHD Study of Early Child Care is a multi-site study of the effects of nonmaternal care on the development of children in the first three years of life.

### II. Overview of the NICHD Study of Early Child Care

At each of ten sites participating in the study, approximately 120 infants and their parents will participate in this ecologically oriented, prospective, longitudinal investigation. Families will be enrolled shortly after the infant's birth and will participate in the study until the infant is 3 years old. Over the 36 months of participation, the infant will be visited and observed at home, in child care, and in a laboratory playroom, a number of times.

A minimum of 1200 families will be enrolled in the study over a ten-month period, so as to ensure a final sample of at least 1000 families. These families will be randomly selected from the mothers giving birth in selected hospitals during selected 24-hour sampling blocks.

The major portion of the research involves a common protocol devised collaboratively by the Steering Committee, which consists of the principal investigators from the ten sites, members of the

NICHD staff, and an independent chairperson. The committee is assisted by a statistical consultant, who serves as the methodologist for the study and a member of the Steering Committee. (See Section 1.4, Administration of the Study for the makeup of the Steering Committee). Data management, monitoring, and analysis will be carried out centrally by NICHD's Computer Sciences Section, Division of Prevention Research. The data management unit will be represented in the Steering Committee by its director and by its methodologist.

## III. Specific Aims of the Study

The overall goal of the study is to examine the influence of variations in early child-care histories on the psychological development of infants and toddlers from a variety of family backgrounds. This general objective will be addressed through a prospective, longitudinal design which takes into account the complex interactions among child characteristics and the characteristics of the human and physical environments in which the children are reared.

The specific research aims can be summarized as follows:

**A. To examine the relationship between infants' child-care arrangements (defined in terms of hours, type, quality, and stability of care and the age at which the child entered care) and children's concurrent and longterm development.**

Specifically, the study will investigate the association between children's experiences in child care and their social, emotional, language, and cognitive development. The social-emotional assessments will include measures of attachment, independence, compliance, behavior problems, prosocial and antisocial behavior, and general competence in interacting with peers. Cognitive variables will include general developmental level and problem-solving skills. Language assessments will incorporate measures of children's expressive and receptive communicative competence.

B. **To examine whether the social ecology of the home moderates the effects of child care;** that is, whether children from different home environments are differentially affected by similar child-care experiences. The study will examine the moderating effects of parents' values and attitudes, psychological adjustment and mental health, stress and social support, childrearing practices, time use, interactions with the chid, marital relationship, and family demographics.

C. **To examine whether individual differences among children moderate the effects of infant care on child development.** The study will examine the moderating effects of such child characteristics as age, sex, health, birth order, and temperament.

D. **To identify demographic and family characteristics associated with families' child-care decisions.** The study will examine whether specific child-care arrangements are related to the parents' social class, marital status, psychological adjustment and personality, childrearing values and attitutdes, parenting practices, stress, social support, and marital relationship and the availability of child care in the community.

**E. To provide a natural history of infant care in the 1990's and help establish a baseline of data pertaining to the kinds of care being used by families.** Whereas other national data bases, such as those provided by the Census Bureau, provide static estimates of the number of children in different types of child care, this network study will supplement this knowledge with longitudinal data on successive enrollments into day care at various ages, patterns of arrangements used concurrently and over time, and the stability of arrangements during the first three years of life. One of the most valuable aspects of the collaborative study is the opportunity it provides to obtain a more complete and accurate picture of patterns of infant care used by families today. Census surveys use only gross categories of care (e.g., center vs. in-home). In this study, more fine-grained information regarding the types of centers and home-care facilities will be gathered.

**F. To examine the consequences for families of maternal employment and child-care choices.** Family relationships, parental mental health, family stress, and so on, are not just inputs to child development or moderaors of child-care effects, they are also outcomes. High quality child care may alleviate family stress and enhance parental adjustment. Low-quality child care may add to the stress parents experience. Although the main focus in the study is the effect of child care on the child, the study will also examine the effect of child care on the family.

**G. To identify demographic characteristics of child care associated with child-care quality.** Of interest to policy makers is another aspect of the study, the investigation of those regulable characteristics that predict care of highter quality. These characteristics include the level and type of caregiver training, the size of the child-care group, the auspices of the child-care program (public/private, profit/nonprofit, independent/chain, employer-sponsored/church-based), whether the facility is licensed or unlicensed, the level of payment and fees, and whether the caregiver is a relative of the family.

# INTRODUCTION TO THE OPERATIONS MANUAL

## Chapter 2

This manual provides the information necessary to perform all of the standardized procedures at each site in the NICHD Study of Early Child Care. All of the procedures must be performed at each site exactly as they are defined in this manual if this study is to be a success. Therefore, frequent use of this manual by all members of the staff involved with this study is strongly encouraged.

**Use.** Everyone at the site should have easy access to this manual. Keep copies in easily accessible areas of your office. If more copies are needed, you are encouraged to make them.

**Updates.** This manual will be subject to periodic corrections and additions. The update packets sent from the DCC should be promptly installed in ALL existing copies of the manual. This includes any additional copies which may have been generated at the site.

When updates are generated, the DCC will send a message to the Site Coordinator at each site indicating that updates to the manual are being sent. If the updates are not received at the site after allowing an adequate amount of time for mailing, the Site Coordinator should notify the DCC.

The DCC will send three sets of updated pages to each site. The Site Coordinator will use these copies to update each of the three manuals at the site (If other copies of the manual have been made at the site, you should copy the updates so they may be applied to the additional manuals, as well.) This should be done immediately upon receipt of the updates. The page numbers in the manual are numbered consecutively within each chapter. Whenever there are replacement pages, the DCC will number those new pages in both the text and the table of contents before mailing the revised versions to your site.

**Storage and Access.** The DCC will provide three copies of the manual for use at each site involved in the NICHD Study of Early Child Care.

One copy of the manual should be kept by the Site Coordinator. This copy of the manual is the copy for general use by all members of the staff at the site. The second copy should be kept by the Investigator at the data-collection site. The Investigator will use this copy as a reference when he or she is monitoring all of the procedures to make sure that they are being performed as defined in the manual. The third copy of the manual is the back-up copy for each site, and it should always be kept in one of the locking filing cabinets being used by the Study Coordinator. This copy should be removed from the filing cabinet and used only if something happens to one of the other manuals that makes it unusable. All three copies must be kept up-to-date and available for use at all times.

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# DATA MANAGEMENT AND PAPER FORMS HANDLING

## Chapter 3

### I. OVERVIEW

The data-management system for the NICHD Study of Early Child Care is an integrated system of data-collection forms, computer programs, written documentation, and most importantly people and a set of procedures for using this system to accurately process the study data.

The success of this study depends upon the accuracy and validity of the data that are collected during the study. Since these data will be used in later statistical analyses maintaining the integrity of the data is of vital importance to the overall success of the Study.

Insuring the highest quality of data will be the joint responsibility of the Study Coordinator at each site and the DCC staff. The Study Coordinator will have the primary responsibility for seeing that all the required data are collected and transmitted to the DCC in a timely fashion. Data management responsibilties include: 1) checking the completeness and accuracy of the forms according to the instruction manuals, 2) creating a filing system on-site that is compatible with the one at the DCC, 3) transmitting the collected data to the DCC through overnight mail service, 4) maintaining procedures to ensure confidentiality, and 5) communicating with the DCC staff about all aspects of data management. The key to insuring quality data lies in the ability of those at each site to accurately record and deliver to the DCC all the data collected at their site. The quality of the data originally received at the DCC is directly related to the quality of the final product.

The data-collection forms have built in controls on valid value ranges, skip patterns, etc.; however these measures will not address matters of consistency throughout an interview or a sequence of observations. Therefore, it is essential that site coordinators and P.I.'s be full participants in monitoring data consistency by reviewing forms, and keeping a close watch on the data-collection process. It is important that the persons collecting the original data and sending them to the DCC ensure that all data collected are as accurate as possible.

Based on experience in other clinical trials; we know that as many as 10-25% of the pages collected can be expected to have at least one error. Therefore, it is important that the guidelines for filling out and processing the forms be followed very carefully at each site as we attempt to reduce this percentage as much as possible for this Study.

This multisite study must maintain standards of quality as high as those attainable in carefully conducted single center trials. Therefore, strong emphasis must be placed on training and standardization. It is important that staff at all centers understand the protocol definitions and how to complete forms. Differences in performance from center to center, as well as between individuals in a single center, are unavoidable. They can, however, be minimized by proper training.

The procedures outlined in this manual are designed to help the Site Coordinator at each site insure a high level of integrity for the data collected at her site.

## II. DESIGN OF FORMS

### A. Mark-Sense

Most data managed by the Data Coordinating Center (DCC) will be collected on mark-sense forms. The items will be a mix of multiple-choice questions, requests for numeric data, and space for free text. Forms which are to be filled out by an interviewer will have attached carbons which are to be retained in the site office when the forms are mailed to the Data Coordinating Center(DCC). Questionnaires to be filled out by the subject will have no carbons and the form should be photocopied before the originals are sent to the DCC.

## B. Identification Information

### 1. Form Number and Version Number

Every data collection form has a preprinted form number and version nummber. You should always use the latest version for any given form.

### 2. ID Number

At the top of every mark-sense form will be a space for the six-digit ID Number.

#### a. Site Number

The first digit of the ID is the SITE NUMBER, which is coded as follows:

0 - Arkansas, University of
1 - California/Irvine, University of
2 - Kansas, University of
3 - New Hampshire, University of
4 - Pennsylvania State University
5 - Temple University
6 - Virginia, University of
7 - Washington, University of
8 - Western Carolina Center
9 - Wisconsin, University of

### b. Hospital Number

The second digit of the ID is the Hospital Number, coded as follows:

| | | |
|---|---|---|
| Arkansas: | 1 - | University Hospital |
| | 2 - | Baptist Medical Center |
| California: | 1 - | University of California - Irvine Medical Center |
| | 2 - | St. Joseph's |
| | 3 - | Hoag |
| Kansas: | 1 - | Lawrence Memorial Hospital |
| New Hampshire: | 1 - | Newton-Wellesley Hospital |
| | 2 - | Malden Hospital |
| | 3 - | Winchester Hospital |
| Pittsburgh: | 1 - | Magee |
| Temple: | 1 - | Pennsylvania Hospital |
| | 2 - | Thomas Jefferson University Hospital |
| Virginia: | 1 - | University of Virginia Health Sciences Center |
| | 2 - | Martha Jefferson Hospital |
| Washington: | 1 - | Group Health Cooperative Central Hospital |
| | 2 - | University of Washington Medical Center |

3 - Swedish Hospital Medical Center
4 - Ballard Community Hospital

Western Carolina: 1 - Grace Hospital, Burke Co.
2 - Catawba Hospital, Catawba Co.
3 - Frye Hospital, Catawba Co.

Wisconsin: 1 - Meriter (Madison General) Hospital
2 - St. Mary's

**c. Subject Number**

The last four digits of the ID code are for the SUBJECT NUMBER, a 4-digit number which identifies the infant/mother pair within the site. Every baby born during the sample frame is assigned a subject number. The 4-digit infant/mother number is unique for each infant within each site.

### d. Relationship Code (REL)

The relationship code which accompanies the ID code at the beginning of each form is a 1-digit number used to identify the person responding to the interview or questionnaire. The REL code refers to the relationship of the respondent to the study child. REL should be coded as follows:

0 - Mother
1 - Father
2 - Grandparent
3 - Other Relative (including sibling)
4 - Primary Caregiver
5 - Support Child Care Provider
6 - Child Care Provider
7 - Director

## 3. Interviewer Number

At the bottom of the first page of every mark-sense form will be space for the Interviewer Number. This is the ID number of the person who completes the form. Interviewer numbers for each site are:

| | |
|---|---|
| Arkansas: | 01 |
| | 02 |
| | 03 |
| California: | 01 |
| | 02 |
| | 03 |
| | 04 |
| Kansas: | 01 |
| | 02 |
| | 03 |
| | 04 |
| | 05 |
| | 06 |
| | 07 |
| | 08 |
| | 09 |
| Wellesley: | 01 |
| | 02 |
| | 03 |
| | 04 |
| | 05 |

Pittsburgh: 01
02
03

Temple: 01
02
03
04
05
06

Virginia: 01
02
03
04
05
06
07

Washington: 01
02
03
04
05

Western Carolina Center: 01
02
03
04
05

Wisconsin: 01
02
03
04
05
06
07
08
09

## III. COMPLETING THE DATA FORMS

When filling out a multi-page form with carbons, you should take care to protect the pages under the ones you are using. A piece of cardboard should be inserted under the carbon which goes with the page on which you are recording answers.

### A. Different Types of Questions

#### 1. Subject ID Number

The Subject ID is a six-digit number: the first digit is the major study-site code (0-9); the second digit is the hospital code (0-9); and the last four digits are the subject number. Thus a subject from the Martha Jefferson Hospital in Virginia might have an ID number of 620027, where: 6=University of Virginia; 2=Martha Jefferson Hospital; and 0027 represents the 27th subject from the Virginia site. The next subject might be 610028 where: 6=University of Virginia; 1=University of Virginia Health Sciences Center, and 0028 represents the 28th subject from the Virginia site.

Each subject within a site should be given a unique subject number. Subject numbers should be assigned sequentially beginning with 0001.

At the top of the first page of every form is a space where you will record the Subject ID Number, both as written numerals and as mark-sense codes. For example, the number 310027, in the example shown above, will be recorded like this:

| 3 | 1 | 0 | 0 | 2 | 7 |
|---|---|---|---|---|---|
| 0 | 0 | ▬ | ▬ | 0 | 0 |
| 1 | ▬ | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | ▬ | 2 |
| ▬ | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | ▬ |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

All ID numbers should be written and marked carefully. Check all ID's before sending forms to the DCC to be certain they are legible.

## 2. Interviewer ID

At the bottom of each form is a field for entering the Interviewer Number. You should write the appropriate numerals in the spaces provided. This field will not be scanned.

### 3. Other Numeric Fields

Other numeric fields should be filled out similarly to the Subject ID. That is, first write the number in numerals, and then mark the corresponding bubbles for scanning. Whenever numeric responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all spaces.

### 4. Multiple Choice

To record the answer to a multiple-choice question, you should mark the bubble for the selected choice; no writing is required.

### 5. Text

To complete items that solicit free-form text, such as "Other - Specify," you should mark the "Other" bubble in the scan section, and then write textual information in the blank space provided. The written response can not be scanned, but will be expected if "Other" is marked.

### 6. "Not Applicable"

If a question is not applicable, or is skipped because of instructions to the interviewer, you should leave it blank.

## B. Correcting Mistakes

Mark-sense forms are filled out with a soft-lead pencil. To make a correction, you simply erase the mistake and mark the correct response. When you correct a mistake on a page with carbons, first insert the cardboard sheet under the first page and make the erasure; then put the cardboard under the carbon copy and make the erasure there. The cardboard is now in the correct position to enter the correct response on that item and continue with the next item on the form.

## IV. TRANSMITTAL OF FORMS TO THE DATA COORDINATING CENTER (DCC)

A Transmittal Form is to be completed by each site and sent along with every batch of forms transmitted to the Data Coordinating Center. The person responsible for packing the forms should sign his/her name in the appropriate space and code the 3 letter site code (see list below).

The "From" and "Through" fields should indicate the time period during which the data included in this manual were collected.

For example: If Hospital Recruitment and Gestational Age data are collected on February 13 and 14 and mailed to the DCC these fields will contain 2/13/90 and 2/14/90 respectively. The transmittal form for a package which contains a weel's data for the same week will contain 2/11/90 and 2/17/90 respectively. If the two day recruitment period were February 16 and 17 and these forms were included in the weekly mailing; then the transmittal period should still be 2/11/90 through 2/17/90.

In the Transmittal Form are preprinted all data collection forms that might be sent during a given phase of the project. After each form there is a space to fill in the number of individual forms the site is sending in that mailing. The final space is for the Data Coordinating Center to record the number received.

A xerox copy of the Transmittal Form should be saved at your site. You will need to check this should the Data Coordinating Center have a problem with your shipment.

Once the Data Coordinating Center receives and checks the shipment, you will be notified via BITNET that the shipment has been received as stated. If the Data Coordinating Center identifies any discrepancies in the Transmittal Form, please resolve these immediately. This BITNET should be filed with the copy of the Transmittal Form.

New versions of the Transmittal Form will be made as they become necessary, i.e., for different time frames in the study.

## A. Procedures

### 1. Create and Sort Batches

When preparing forms to send to the DCC, you should separate them into a separate batch for each type of form. The batches need not be mailed separately, but the separation between form types should be apparent. (Do not use staples to separate batches.) Also, within each batch, you should arrange the forms in Subject ID Number order.

### 2. Complete Transmittal Form

When a parcel of forms is ready to be mailed, you should complete a Transmittal Form (See Appendix A) for inclusion in the package.

### 3. Send Package

After the forms are separated into separate batches for each form and sorted by Subject ID Number within batch, and a Transmittal Form is filled out, the entire package should be sent by overnight mail to the DCC.

The NICHD contract is currently with Federal Express. The account number to be used when shipping overnight with Federal Express is 1507-2994-7. This gets listed in the Sender's account column. Under billing reference you should put 1-8321095.

When shipping overnight to the DCC address to the following:

6120 Executive Blvd.
Room T-08, Bldg. EPS
Rockville, MD 20852

## B. Schedule

The Hospital Recruitment Forms are time-critical. They must be transmitted to the DCC immediately, so that a call list may be generated and sent back to the sites in time for the two-week telephone call to be made. The subsequent forms which will be received in the DCC will not be as time-critical, and a delay of a day or two in their mailing would not create a problem.

## V. FORM STORAGE

Each site should set up a locking file cabinet in the Site Coordinators office to provide secure storage for all completed forms which contain information that can be used to connect a subject to data about that subject. Filing cabinets should also be set up for storing copies of all data which have been transmitted to the DCC.

The **Site Coordinator's** file will serve as the primary storage for data ready to the transmitted to the DCC. The top drawer of the Site Coordinator's filing cabint is for forms in process. These may be forms that have just been received from the recruiters/visitors and are waiting to be checked and mailed to the DCC. Once a form has gone through all the necessary processing, it will be refiled permanently in the data filing cabinet. Each infant will have a folder for Common Protocol data, a folder for HHS data and additional folders to contain any site specific data as needed. As we move through the study these will expand to be multiple folders for each of these types of data.

Parents of the infants in the study are promised that these records are kept confidential. It is up to the Site Coordinator to monitor access to the files in a manner that provides such confidentiality. Thus the Site Coordinator at each site must make sure: 1) that the filing cabinets containing the data are locked when not in use and 2) that the infant's name and the other identifying information is always maintained in a confidential manner.

## VI. PROCEDURE FOR NCR FORMS COMPLETED

The NCR (no carbon required) forms have two sheets attached for each page of the form. Be sure that all coding has been done before separating forms. The original copy is separated from the other and sent to the DCC, along with the originals of the questionnaires. The second page of the NCR form along with the xerox copy of the questionnaires are to be kept for the Study Coordinator's files.

## VII. MAILING PROCEDURE

Every Monday morning completed data collection forms will be processed for mailing to the DCC. All forms in the mailing tray will be sorted first by form number and then by the ID number within the form number. The Transmittal Form must then be completed, giving an accounting of the number of each type form being sent. This is a one page form that will be placed on the top of the packet and mailed to the DCC. A xerox copy of the Transmittal Form will be filed in the Site Coordinator's permanent records.

The batch of forms should be placed in a box or padded envelope for shipping to the DCC. If the number of forms is large enough to require more than one box or envelope to ship them, then an indication of the total number of packages in the shipment should be noted on each package (e.g., box #1 of 3). By shipping the forms each Monday, the DCC will know when to expect the forms and thereby know when to investigate if they do not arrive.

As stated earlier, we have supplied each site with an account number to use for overnight shipment of forms via our government contract (current with Airborne).

The Hospital Recruitment forms must be mailed to the DCC as soon as complete data have been collected for the weekly sampling period.

When the DCC receives the batch of forms, they will verify that the number received is the same as the number sent (as recorded on the Transmittal Form). If any discrepancies are noted by the DCC upon receipt of the forms, the DCC will immediately send a BITNET message to the site regarding the nature of the problem. A written statement of the problems should then be stapled to the Transmittal Form by the Data Coordinator. The site should attempt to resolve the errors by consulting inventories in the working files as well as person(s) responsible for collection and shipment of the data forms.

## VIII. APPENDIX

A. Form DM-A - Transmittal Form

# TRANSMITTAL FORM OF RECRUITMENT DATA

| | | | | |
|---|---|---|---|---|
| Person responsible for packing the forms | SITE (First three letters) | FOR THE PERIOD: | FROM | THROUGH |

## INSTRUCTIONS

| | |
|---|---|
| Sort forms by Form #, then by ID # within each form. | Enter the quantity being sent for each form listed below. If none, enter zero. |

| Form No. | FORM TYPE | NUMBER OF FORMS ENCLOSED | (FOR DCC USE) | |
|---|---|---|---|---|
| | | | Number Received | |
| 1A | Hospital Recruitment Form | | | |
| 1B | Gestational Age Form | | | |
| 1C | Two Week Call List | | | |
| 2A | First Part of One-Month Interview | | | |
| 2B | My Baby Questionnaire | | | |
| 2C | My Feelings Questionnaire | | | |
| 2D | Parental Care Questionnaire | | | |
| 2E | Children and Their Parents Questionnaire | | | |
| 2F | Relations with Other People Questionnaire | | | |
| 3A | Second Part of One-Month Interview | | | |
| 3B | Your Pregnancy Questionnaire | | | |
| 3C | Family Finances Questionnaire | | | |
| 3D | What Employment Means to Me (A) Questionnaire | | | |
| 3E | What Employment Means to Me (B) Questionnaire | | | |
| 3F | Attitude Toward Maternal Employment Questionnaire | | | |
| 3G | Feelings About Parenting Questionnaire | | | |
| 3H | Ideas Aout Raising Children Questionnaire | | | |
| 3I | Love & Relationships (A) Questionnaire | | | |
| 3J | Love & Relationships (B) Questionnaire | | | |
| 3L | Questionnaire Log | | | |
| DM-B | Drop-out Form | | | |
| DM-D | Visitor's Interview Report Form | | | |

Date Received:______________________ By:______________________

Items missing:______________________

# RECRUITMENT PROCEDURES

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# RECRUITMENT PROCEDURES

## Chapter 4

### I. Recruitment and Enrollment Plan

The following statement is the plan for the recruitment and enrollment of subjects in The NICHD Study of Early Child Care.

Subjects are considered "recruited" only after they have successfully completed all data collection through the one-month data collection procedure. Thus, there are three stages of recruitment. The following is a summary of the forms to be completed to recruit a subject into the NICHD Study of Early Child Care.

Hospital Recruitment:

- Hospital Screening Form - S
- Hospital Recruitment Form - D
- Gestational Age Form - D
- Address Form - S

Two-Week Recruitment Phone Call:

- Two-week Phone Call Worksheet - S
- Two-week Call List - D

One-Month Interview and Questionnaires:

- Interview and Questionnaire Booklet - D
- Contact Names and Addresses - S
- Questionnaire Log - S

General Use Forms

- Subject Drop Out - D
- Interviewer Monitoring Form - D
- Visitors Interview Report Form - S
- Safety Exclusions - S

This chapter addresses only the Hospital Recruitment stage of the recruitment process. The Two-week and One-month stages are addressed in Chapters 5 and 6 respectively.

The conditionally random sampling plan will be guided by the mothers' plans to return to work or school within a year after delivery. Mothers will be initially recruited in the ratio of 3:1:1 -- full-time workers : part-time workers : non-workers. Full-time workers are those who plan to work or go to school more than 29 hours per week in the first year of the child's life; part-time workers are those who plan to work or go to school 10 - 29 hours/week; and non-workers are those who do not plan to work or go to school more than 10 hours/week. The plan was designed to provide sufficient data to allow for some statistical adjustment of the data during the analysis phase to reflect the base sample characteristics. After an initial three months of data collection to establish basic demographic statistics, monthly monitoring of the demographic characteristics will occur and adjustments of the ratios will be made as necessary to ensure adequate representation of families in the three work-plan groups.

---

S - indicates that the original forms are filed at the sites only.
D - Indicates that the original forms are mailed to the DCC and copies are filed at the stites.

(The following procedures assume prior consent from hospital administration personnel.)

## A. Sampling Frames

### 1. Historical Perspective

In designing the sampling frame for the NICHD Child Care Study there were several historical factors which had to be taken into account. First, and foremost, there was the fact that the sites were not selected on the basis of any probabilistic or sampling considerations, rather, sites were selected on the basis of competing scientific merit. Second, within site the hospitals from which subjects would be sampled were selected, again, on a non-probabilistic basis. Factors such as their location within a site, their availability, previous working relations with the PI, the nature of their patient load, etc. all contributed to the selection of hospitals. From the beginning there was no possibility of deriving a national probability based sample for this study. This led to the consideration of the catchment as the basis for defining the population which would be the population for generalization. For this purpose a catchment was defined as the set of all babies (and their related families) born in the hospitals participating in the study during the period of recruitment. (The babies are the index subjects. They index their mothers, families, etc.).

After a long series of discussions by the Steering Committee additional principles were established. The critical ones for the purpose of defining a sampling frame were (1) a set of exclusion criteria which further delimited the catchment, e.g. babies born to mothers 18 years of age or older, (2) a set of individual exclusion criteria, e.g. babies who leave the hospital within 7 days of their birth, and (3) a set of criteria which were to guide the sample to have certain characteristics independent of the nature of the underlying population (or in this case catchment). This last set of criteria included such items as assuring a large number of cases in which the mother plans to return to work for more than thirty hours per week, a minimum of 10% of the sample containing single parent households, a minimum of 10% of the sample representing households in which the mother has less than a high school education, etc.

The consequence of this last set of criteria is that the sample is no longer self weighting, i.e. by just using the sample results we would not have unbiased (or minimum variance) estimates of the parameters of the catchment nor of the relations among variables as they exist in the catchment. Further, it was decided that within these constraints a conditionally random sampling scheme (as opposed to, for example, a niche sampling system or some other non-probabilistic sampling method) was to be utilized. Finally, it was decided that the sample should, in so far as possible under the constraints stated above, be "representative" of the individual and collective catchment.

For these reasons it was decided that it would be necessary to develop a scheme which would allow us, after the fact, to re-weight the sample data in order to generalize to the catchment.

The consequence of this decision is that we not only need to have low variance (i.e. precise) unbiased estimates of the parameters of the study, but also of the characteristics of the catchment. Since the catchment is defined by the hospitals, we must have very good estimates of the demography of the hospitals as well.

In addition to these theoretically driven constructs, the Steering Committee and its Recruitment Sub-committee needed also to deal with certain pragmatic issues such as the budget of the project, the numbers of subjects who could be processed at a given time, the safety of the staff, considerations of staff moral (e.g. the number of weekends the staff could be expected to work), etc.

The sampling plan as implemented will provide the following:

1) low variance, high precision estimates of the major common protocol parameters and relations of sufficient quality and number to test the pre-planned hypothesis of the common protocol at reasonable levels of power
2) low variance, high precision estimates of the demographic characteristics of each unit of the catchment sufficient to allow the back-weighting of the sample results to capture the nature of the results in terms of the catchment as it exists (as opposed to how it is represented in the sample)
3) to provide a sample which reflects the full range and richness of the catchment population.

## 2. Additional Factors

There were several additional factors which had to be built into the overall design of the sampling frame. These include:

1. The number of hospitals differ at different sites
2. No adequate data on the demographic variables of primary interest in this study exist for the individual hospitals from which the sample is to be drawn
3. Recruitment is to be conducted over a relatively long period of 10 months
4. A per capita payment methods is part of the funding of the study.

## 3. The Sampling Plan

All records of births occurring during a selected sampling period for a site will constitute the "sampling frame" for this study. A "sampling period" will be a period of birth accumulation.

The sampling/recruitment plan of the study is effectively a two part plan. **The first phase,** which covers the first three months of sampling/recruitment, is designed to obtain subjects for the study and to provide on-going statistics on the catchment population which can then be used to "guide" later sampling/recruitment. **The second phase,** which covers the remaining seven months of sampling/recruitment, is designed to assure a sample that has the characteristics desired for this study. With the exception of directing which hospitals are visited, the differences between the two phases should be fairly transparent at the site level.

### The first phase

During the first three months, sampling/recruitment is governed by the following principles:

1. **Each hospital must be visited once before any hospital is visited again.** (This principle will assure that the demographic data of each unit of the catchment is obtained with the same precision.)
2. During each week of recruitment a sufficient number of "24 hour clock periods" will be sampled to provide the DCC with **at least ten eligible names for randomization.** While there is no upper limit to the number of births which may be reported, and this number will certainly depend on the number of births during any "24 hour clock period," it is adequate to stop a given week's activities when the number exceeds 20. But please note: **once a clock is open you must contact ALL cases defined by that clock,** i.e. you may not use just the birth during a part of a clock. Up to four contiguous "24 hour clock periods" may be open in any one week.
3. The starting day for each "24 hour clock period" may be selected by the site, but over the first three months each day of the week should be approximately equally represented.

**Examples**

Given these principles there are several ways that any site can arrange its sampling/recruitment. For the purposes of illustration, consider several different schemes which could be adopted at a site with four hospitals (A, B, C, and D). Assume for the moment that these hospitals are such that hospital A has a relatively large number of births per day, hospitals B and C, have a moderate number of births per day, and hospital D has relatively few births per day. (Starting day is not indicated.)

**Plan 1**

| | | |
|---|---|---|
| Week A | Day 1 | Hospital A (1 clock) |
| | Day 2 | no recruitment |
| | Day 3 | Hospital B (1 clock) |
| Week B | Day 1 | Hospital C (1 clock) |
| | Day 2/3 | Hospital D (2 successive clocks) |

Weeks then alternate through the first three months (i.e. 12 weeks).

**Plan 2**

| | | |
|---|---|---|
| Week A | Day 1 | Hospital A (1 clock) |
| Week B | Day 1 | Hospital B (1 clock) |
| Week C | Day 1 | Hospital C (1 clock) |
| Week D | Day 1/2 | Hospital D (2 successive clocks) |

Alternate weeks in blocks of four through the first three months.

**Plan 3**

| | | |
|---|---|---|
| Week A | Day 1 | Hospital A (1 clock) |
| Week B | Day 1 | Hospital B and C (open simultaneous clocks) - assumes sufficient personnel to allow recruitment from two hospitals simultaneously |
| Week C | Day 1/2 | Hospital D (2 successive clocks) |

Alternate in blocks of three through the first three months.

Obviously these are just illustrations of the various kinds of schemes that might be employed. The number of clock periods that recruitment will have to run depends on the number of births in the hospital during each clock period. Further, note that hospital data collection can go on for up to two days after the close of the birth clock in order to collect data from mothers who have had C-sections, etc. The exact plan for each site will depend on a number of factors including the number of hospitals, the number of births expected in each hospital, the size of the staff, the number of exclusions anticipated at each hospital, etc. Please note the following features in developing the site implementation plan:

1. Once a hospital is selected, you may open as many successive windows (up to 4) as needed without considering this a return to the same hospital.
2. Longer lists are better than shorter lists, a minimum of 10 eligible names being acceptable.

3. Once a clock is closed you may continue for up 2 days, if needed, to collect data from the mothers who gave birth during that clock period.

**The second phase**

After the first three months of sampling/recruitment, the DCC will begin monthly assessment of the sample composition of each site and of the study as a whole. This will be based upon the birthing cohort, the willingness of families to participate, and early drop-out rates. At that time the DCC will modify the algorithm which randomizes subjects for the calling lists in order to meet the goals of the study plan. At the same time the DCC may ask you to modify your hospital visit rules to some extent in order to achieve the same goals.

The enrollment period is planned for 10 months with a possible extension if needed to recruit the required sample size. At each hospital starting days will be sampled in such a way that no day of the week will be sampled more than twice before each day at that site is sampled once (see Section II - Hospital Recruitment Sequence of Events below, for details).

## B. Guidelines for Sample Recruitment

The following guidelines are intended to a) ensure adequate inclusion of families by SES, family structure, and race, and b) allow for the use of backweighting methods to generalize to population-based statistics.

### 1. Recruitment at Each Site

Each of the ten sites is committed to recruitment of their sample to provide appropriate diversity in terms of SES, family structure, and race. To achieve this goal sites may recruit from more than one hospital. The sample is to be arrayed within probabilistic constraints. Given the variability among sites, it is not expected that all sites will enroll samples with equal distributions across all marginal categories. All sites are expected to meet the minimum sample sizes in each category as described below.

### 2. Monitoring of Sampling Composition

The characteristics of both the pool of subjects available and the enrolled sample will be monitored monthly after the first quarter. Monitoring will begin in the second quarter of recruitment. If the recruited sample at any site is deviating from the required enrollment sample composition, given the available pool, the DCC will:

a. **notify the site** so that recruitment and enrollment procedures and practices can be checked for adherence to the protocol and adjusted or corrected if necessary;

b. **modify the randomization procedures to** increase the probability of under-represented families being enrolled by increasing their probability of occurring early on the Call List of names returned to the site for two-week follow-up contacts. Initial adjustments should be small, with larger adjustments being made toward the end of the enrollment period.

### 3. Sample Characteristics

Each site will ensure that the families recruited are representative of the available site pool in terms of the dimensions below. A minimum of ten percent (10%) of the total site sample must be represented in each of the following marginal categories:

(1) SES - -
  a) one year of college or beyond
  b) high school graduation only
  c) less than high school graduation
(2) Family structure --
  a) spouse or partner in household
  b) no spouse or partner in household
(3) Race ---
  a) white
  b) black or other non-white

The common protocol analyses are planned based on the above strategy of oversampling at the outset for families likely to use extensive alternate care in the first year, and adjusting periodically to ensure appropriate representation in terms of SES, family structure, and race. The overall strategy is based on the assumption that major analyses will test hypotheses about SES and family structure in terms of their main effects and interactions, rather than comparing particular pairs of "SES/family structure/race" cells.

## C. Recording Births

Record each live birth occurring during the targeted 24-hour period on Form 0A, the **Hospital Screening Form** (see Appendix A for a sample of the Hospital Screening Form). Each recruiter should use the Hospital Screening Form as a work sheet on which to record information needed to make the initial hospital visit with the mothers. Record relevant identification and screening information available from the delivery room log and secured from nursing staff. Complete one line for each birth occurring during the sampling period. (For multiple births, one line is to be completed for each baby.)

All mothers who gave birth during the sampling period are to be interviewed, i.e. all potential families, with the exceptions noted below. We will not interview women under 18, women with twins, women whose English is not sufficient to answer the recruitment questions, or women who are too ill, whose baby is seriously ill or being put up for adoption, or who are to be excluded for other ethical reasons. With these exceptions, all mother/child dyads are considered eligible at the time of the hospital visit, even though several special classes of families will later be excluded on the basis of criteria listed on the recruitment form.

*There are two general classes of mothers who are to be excepted from this rule:*

*(1) mothers who are under 18 years of age;*

*(2) mothers who have given birth to twins, triplets,* etc.*;*

*(3) mothers who are incapable of answering the brief recruitment questionnaire or cannot be approached for moral or ethical reasons;*

The first two groups, mothers under 18, and mothers who have given birth to twins, are excluded because, as a class, they are not included in our definition of the study population; also parental consent would be required in many cases in order to be able to interview mothers under 18.

The third group consists of (a) those cases where the mother is incapable of answering the questions either because she does not speak English well enough, is too ill to participate, or has a physical handicap such as deafness, that would make it impossible to obtain accurate information; and (b) those cases where for ethical or moral reasons the hospital may not want the mother to be approached, e.g., the newborn is very ill, mother has been under great stress, etc. The number of cases not interviewed in these groups should be very small, except in those sites having a large number of non-English speaking mothers.

With these three classes of exceptions, all mothers delivering during the sampling period should be interviewed for background data. The procedure to be followed when such a case who is not to be interviewed is encountered is to fill out a standard **Hospital Recruitment Form** for each Baby (assigning a unique site ID number to each baby), and leave all data fields blank except the reason for exclusion. The DCC will exclude cases with exceptions and exclusions noted from the Calling Lists but the data from these excluded cases will be included in the demographic data base.

There are several reasons for following these rules, most of them based upon statistical and design considerations. The single most important of these is to allow us to make judgments (and later statistical adjustments) concerning the degree to which the sample population matches the birth cohort in terms of the basic frame of the study (i.e. education, family structure, and ethnicity). These data will also be used as we proceed with recruitment to adjust the sampling weights needed to bring the sample into "balance" - i.e. to try to assure the proper mix of working mothers and non-working mothers and to obtain our minimum "10% in marginal cells" for the sample composition. These data will then be used to "undo" the effect of our non-random sampling. These data may also be used to adjust for some aspects of site differences that are likely to occur.

## D. Hospital Interview

If there is no exclusion for the three general reasons given above, the hospital visitor will visit the mother, inform her of the basic nature of the study, ask the questions from the Recruitment Screening and Gestational Age Forms, give each mother a brochure, and ask for permission to contact her later at home to determine if she will be interested in participating in the study. Record the information gathered in the interview on Form 1A - **Hospital Recruitment** (see Appendix C for a sample of the form), a scannable mark-sense form. Interview both mothers who express interest in follow-up contact and those who do not. Following are the data which must be collected and recorded during this visit:

a. the subject ID number assigned by the site;
b. the child's sex and birth weight;
c. the ethnic/racial identity of the mother, as observed by the recruiter (this will be confirmed at 1 month home visit);
d. mother's age and level of education;

e. the presence of a husband/male partner in the home and his educational level;

f. mother's employment status in past six months;

g. mother's plans for returning to work or school;

h. mother's plans for remaining in or moving from area in next year;

i. degree of mother's English fluency;

j. interest in receiving a two-week follow-up call; and

k. exclusion reason: *If the case is to be excluded*, record the reason for exclusion on this form at this time.

At the same time, complete Form 1B - **Gestational Age Form** (see Appendix D for a sample of the form). This form is to be filled out with information about the due date and the delivery date to compute gestational age.

*For mothers who are willing to be called at two weeks*, record the following information on Form 0B - the **Address Form** (see Appendix B for a sample of the form):

the subject ID number assigned by the site;
the mother's name;
address;
telephone number (or a number where she can be contacted);
and baby's name.

Since the Hospital Screening Form and the Address Form contain the subject's name, these forms must be filed in a locked filing cabinet, to protect the subjects privacy.

After all mothers in a given sampling period have been contacted, copy the following forms, mail the originals overnight by Federal Express to the Data Coordinating Center, and retain the copies at the site:

Form 1A - **Hospital Recruitment Form**

Form 1B - **Gestational Age Form**

The Hospital Screening Form and the Address Form remain at the site. The Hospital Screening Forms should be filed in reverse chronological order by hospital and the Address Forms should be filed in the family folders.

## E. Randomization

Data from the Hospital Recruitment and Gestational Age forms will be entered into a SAS database at the Data Coordinating Center(DCC). Conditional random calling lists will then be generated by the DCC. These lists will be arranged in groups of 5 with 3 mothers planning to return to work or school full time; 1 mother planning to return to work or school part time; and 1 mother not planning to return to work or school.

## F. Call Lists

Randomized call lists will be FAXed to the sites within 2 working days of receipt so that two-week follow up phone contact can be made. All potential subjects must be contacted in sequential order until four(4) subjects from each one week sampling period agree to participate and schedule their **One-Month Visit**. The calling lists will contain the subject ID number assigned by the site. This ID number will provide the link to the **Address Forms** with the telephone numbers of the potential subjects.

### G. Replacement of Dropouts During Enrollment Period

Any subject who, having been enrolled in the study, fails to participate in a major common protocol assessment while recruitment is still ongoing will be replaced by random selection from the next sampling list (eg. if two subjects have dropped in a week, then six(6) subjects must be recruited the following week). The replacement subjects will be selected from the next subjects on the list. No attempt to match should be made at this point.

## II. Hospital Recruitment Sequence of Events

A. Hospital visitor obtains the birth list for the designated 24 hour period of the sampling period.

B. Visitor obtains from the nurse information regarding any mothers who cannot be interviewed, as well as any medical exclusions. The visitor then:

1. fills out information on the Hospital Screening Form; and
2. determines which mothers are to be visited.

C. Visitor fills in Hospital Recruitment Form with any information available to her at the time. This will include such information as ID#, some exclusion information, possibly the sex and weight of the baby (this can be gotten or verified from the bassinet in the nursery.) Visitor then visits the individual mothers in their rooms. She:

1. introduces herself and the purpose of her visit using the Hospital Recruitment Script;
2. asks the questions needed for the Hospital Recruitment Form and the Gestational Age Form (following the script);
3. gives the mother a copy of the Project brochure; and
4. asks permission to call the mother later.

D. When all the mothers for the sampling period have been approached, copy the original **Hospital Recruitment Forms** and **Gestational Age Forms**. Send the originals by overnight mail to the Data Coordinating Center, and file the copy at the local site and in the family folder.

E. Hospital survey rule: No day of the week may be sampled as the first day of the sampling period more than twice before each day of the week is sampled once. No week-end day may be sampled more than once before each day of the week is sampled once. Thus the procedure for selecting the first day of the sampling period must provide for inclusion of each day of the week before any week day cn be selected for the third time and before any week-end day can be repeated for the second time.

F. A flow-chart of this event sequence follows:

## III. Procedures

A. Hospital Screening (With Hospital Staff)

Each site will develop procedures for collecting information for the Hospital Screening Forms which will accomodate the procedural and staffing patterns in the hospitals to be visited by that site.

B. Hospital Room Protocol

1. Administering the Hospital Recruitment Interview (see the Hospital Recruitment Form in Section IV).

Although a part of the hospital recruitment procedure is written as a script, it is necessary that the recruiter use language appropriate to his/her area of the country. Specific words may vary from site to site, and even to some minor extent from visit to visit. The conversation between the recruiter and the mother should be natural and friendly. Although the recruiter may feel free to make some minor linguistic changes, the *content* and *format* of the script must be preserved in its entirety.

The **Hospital Recruitment Form** (Form 1A) is to be administered to every mother eighteen years of age or older who comprehends English and has not given birth to twins, triplets, etc. unless she is not to be interviewed for health or ethical reasons. Also, in the interest of protecting human subjects, the NICHD Early Child Care Study staff may make ethical determinations on occasions. The mark-sense form is to be filled out by marking the appropriate selection with a Number 2 pencil. Following are item-by-item instructions for answering the questions.

### a. Subject ID

The **Identification Block** is in the upper left-hand corner of the form. Write the subject ID number [site (1 digit), hospital (1 digit), and subject number (4 digits)] in numerals on the top line; then mark the corresponding digits in the mark-sense columns below.

### b. Exclusions

The **Exclusion Block** is in the upper right-hand corner of the form. If there are no reasons to exclude this mother/baby from the study, leave the entire block blank. *If more than one exclusion applies, mark all that apply.* To code exclusions, mark the box next to the exclusion or exclusions that apply.

If the correct response is "13 Other (list)" then mark the box next to the "13" and **also** write the reason for the exclusion in the space provided. The exclusion codes you will find on the form are listed below, followed by notes elaborating on the medical exclusions for baby or mother. *Even if a subject meets one or more of the exclusion criteria, the rest of the information on the form is still to be gathered, unless the subject has been exempted for age, language, multiparity, or ethical reasons.*

Continue through the script and questions to the end of the form.

| Possible exclusions: | Designation |
|---|---|
| No exclusion, ok to call at 2 weeks | Blank |
| Mother less than 18 years at delivery | 1 |
| Multiple birth | 2 |
| Mother not fluent in English | 3 |
| Family expects to move from area within the year | 4 |
| Medical exclusions (baby) | 5 |
| Medical exclusions (mother) | 6 |
| Adoption | 7 |
| Does not wish to be called at two weeks | 8 |
| Family lives too far away (determined by sites) | 9 |
| Family already in another study | 10 |
| Family neighborhood not safe (determined by sites) | 11 |
| Other (list) | 12 |

**Baby medical exclusions include:**

- **Infant not discharged from hospital within 7 days because of infant's, not mother's, difficulties**--will be determined at the two week phone call
- **Infant born to mother known to be drug or alcohol addicted**
- **Chromosomal or genetic abnormalities evident at birth causing severe developmental handicap or disfigurement:** e.g., Downs syndrome, trisomy 18, microcephaly, achondroplasia (dwarfism), adrenogenital syndrome (ambiguous genitalia)
- **Congenital defects causing severe developmental handicap or disfigurement:** e.g., spinal cord malformations including spina bifida, hydrocephalus, significant orthopedic handicap including congenital dysplasia of hip, limb dysplasia, cleft palate, congenital heart disease, severe sensory defects (deafness, blindness)
- **Congenital infections of the newborn:** e.g., HIV syphilis, rubella, herpes, toxoplasmosis, cytomegalovirus
- **Genetic or metabolic conditions causing significant developmental handicap not evident in the perinatal period:** hypothyroidism, phenylketonuria (PKU), Hunter/Hurler syndrome, lipid storage diseases, cerebral palsy

**Mother medical exclusions include:**

- **Mother in intensive care and could not be approached**
- **Nurse refused access to mother because she was "too ill"** (Note: should try again on a subsequent day if mother is better)
- **Mother has some disability** (for example: deafness, blindness) that would make obtaining data from her difficult

NOTE: For clarification of specific cases, call Dr. Peter Scheidt at (NICHD no.: 301-496-6591 or Home no.: 301-854-2439). If in doubt, it is better to exclude.

## c. Completing the Hospital Recruitment Form

After filling in the Exclusion Block you are to follow the script implicit in the form, asking the questions and recording the responses.

Unnumbered Items: Before the numbered items are some informal questions "How long ago did you deliver?" and "How are you feeling?" These questions have been included as guides to help the recruiter break the ice with each new mother. The information collected here will not be included in the data base. Thus, you may paraphrase the questions. You should record the answers to these questions in the space provided if it is helpful in establishing rapport with the mother.

Item 1 **Sex of baby:** Mark the **(M)** for male, the **(F)** for female.

Item 2 **Baby's name:** The answer to this question is to be recorded on this form and on the Address Sheet. Write down the baby's name, and use it in future questions about the baby, to personalize your interaction.

Item 3 **Baby's Weight in pounds and ounces:** The answer frame looks like this:

```
lbs  |___|_0_|_1_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|
     |___|_0_|_1_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|

ozs  |___|_0_|_1_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|
     |___|_0_|_1_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|
```

To fill out this field with the answer 7 **POUNDS, 13 OUNCES**, write the numerals in the blank places and mark the corresponding digits in the mark sense rows. Be sure to include leading zeros, to fill out the field. Example:

```
lbs  |_0_|_■_|_1_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|
     |_7_|_0_|_1_|_2_|_3_|_4_|_5_|_6_|_■_|_8_|_9_|

ozs  |_1_|_0_|_■_|_2_|_3_|_4_|_5_|_6_|_7_|_8_|_9_|
     |_3_|_0_|_1_|_2_|_■_|_4_|_5_|_6_|_7_|_8_|_9_|
```

Item 4 **Mother's Ethnicity**, as observed by the interviewer. You need only mark the numbered bubble next to your selected response: (1) White (includes Arabic); (2) Black (includes Jamaican, Bahamians, and other Carribeans of African but not Hispanic or Arabic descent); (3) Native American (includes Alaskans); (4) Asian and Asian American (includes Pakistanis, Indians, and other Pacific Islanders); (5) Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture); (6) Mixed.

Item 5 **Mother's Age:** Enter the numbers and mark the corresponding digits in the mark sense rows, as in Item 3, above. IF MOTHER IS 18 OR OLDER, CONTINUE. IF MOTHER IS UNDER 18, thank the mother for her time and discontinue interview. SEE TROUBLE SHOOTING PAGE 35.

Item 6 **Mother's Education:** Probe for details and mark the bubble next to the answer which most accurately represent the highest level of education obtained as reported by the mother: (1) Less than High School; (2) High School Diploma; (3) Some College/Post Secondary; (4) B.A. Level; (5) Post Graduate Work. EX: One year of beauty school = 3.

Item 7 **Marital Status:** "Do you have a husband or male partner living with you at home?" Mark the box next to your answer: (No) or (Yes).

Item 8 **Father's Education:** If there is no male partner living in the house, leave the item blank. Otherwise, mark the appropriate response: (1) Less than High School; (2) High School Diploma;

(3) Some College/Post Secondary; (4) B.A. Level; (5) Post Graduate Work.

Item 9 **Prior Employment:** "Were you employed or in school during the last 6 months?" Mark the appropriate response: (No) or (Yes).

Item 10 **Prior Employment - Amount:** If the answer to Item 9 was "NO", then leave this item blank. Otherwise, mark the appropriate response for the amount of time usually worked or in school per week during the last 6 months: (1) <10 hrs; (2) 10-29 hrs; (3) 30 hrs or more.

Item 11 **Planned Employment:** "Do you plan to be employed or attend school in the Next year?" Mark the appropriate response: (No), (Yes), or (Don't Know). The recruiter should encourage the mother to give a "yes" or "no" answer since administering subsequent questions is based on this response.

Item 12 **Planned Employment - When:** If the answer to Item 11 was "NO" or "DON'T KNOW", then leave this item blank. Otherwise, mark the appropriate response for how soon mother plans to return to work/school: (1) <6 months; (2) 6-12 months. If the mother answers "don't know" the recruiter should encourage her to choose one of the two answers.

Item 13 **Planned Employment - Amount:** If the answer to Item 11 was "NO" or "DON'T KNOW", then leave this item blank. Otherwise, mark the appropriate response for the amount of time mother plans to work and/or be in school at any point during the next year: (1) <10 hrs; (2) 10-29 hours; (3) 30 hrs or more. Since the recruitment plan is based on this response, the recruiter should insist that the mother answer this question as to her plans. Any family with a "don't know" or missing response to this question will be eliminated from the study.

Item 14 **At Home:** "Do you plan on being at home with BABY full time?" If answer to 11 was "YES" or "DON'T KNOW", then leave this item blank. Otherwise, mark appropriate response: (No), (Yes), or (Don't Know).

Item 15 **Moving:** "Are you planning on moving from the area in the next year? Mark the appropriate response: (No), (Yes), or (Don't Know). IF NOT PLANNING TO MOVE IN NEXT YEAR, CONTINUE.

IF PLANNING TO MOVE IN NEXT YEAR, SEE PAGE 35, TROUBLE SHOOTING.

Date Enter the date the mother is interviewed on this line.

## 2. Administering the Gestational Age Questionnaire

This form is an addendum to the **Hospital Recruitment Form** (Form 1A) and the same general guidelines apply, See Page 23 & 24.

Question 2: If BABY was not born on time enter either the number of weeks early or late.

Question 3: Be sure to code "00" in the month column if the due date is not known.

If the mother is not sure of the due date, complete Question 4. Be sure to list the *first day* of the last menstrual period.

## 3. Script for Introducing the Study

That was really a great help. Thanks a lot. I only need a minute more of your time.

The second thing I want to tell you about has to do with a research project concerning young children's lives and early child care. It is outlined in the brochure which I will leave with you and it involves visiting families, talking with parents and observing children during their first 3 years of life. It is a very interesting and exciting project. I think that you would enjoy taking part in it.

I am not going to ask you to participate today. You've got so many other things on your mind. I do want to find out, though, if you would be willing to let someone call you about the project in the next several weeks.

Let me tell you two important things. First, not every mother with whom I speak will be called. So all I want to find out now is whether you would be willing to let someone call you if your family is selected. We hope you will let us call and tell you more.

Second, I want you to know that if you are called you will have lots of opportunity to ask questions about the project, talk to family members, and indicate whether or not you might be interested in participating.

IF MOTHER IS NOT WILLING TO BE CALLED: SEE TROUBLE SHOOTING, PAGE 35.

IF MOTHER IS WILLING TO BE CALLED, THEN SAY: Now I need some final information.

a. Let me make sure I have your name spelled correctly. CONFIRM NAME AND RECORD ON ADDRESS SHEET.

b. Do you go by Ms., Mrs. (Dr.) RECORD TITLE ON ADDRESS SHEET.

c. IF MOTHER HAS HUSBAND/PARTNER, SAY: May I have your husband/partner's name?

d. May I please have your address? RECORD ON ADDRESS SHEET.

e. Your phone number? (or a number where you can be reached?) RECORD ON ANSWER SHEET.

Here is the brochure I told you about earlier. This is for you to keep. HAND MOTHER BROCHURE.

IF HOSPITAL RECRUITER IS SAME PERSON AS TWO-WEEK TELEPHONE CALLER, SAY: If your family is selected, then I will be the person calling you in a couple of weeks to tell you more about the study.

IF HOSPITAL RECRUITER KNOWS THE NAME OF THE TWO-WEEK TELEPHONE CALLER, SAY: If your family is selected, then a colleague of mine will be calling you in a couple of weeks to tell you more about the study.

IF HOSPITAL RECRUITER DOES NOT KNOW WHO WILL BE MAKING THE TWO-WEEK TELEPHONE CALL, SAY: Remember, if your family is selected, a colleague of mine will be calling you in a couple of weeks to tell you more about the study.

Thank you for your time today.

### 4. Trouble Shooting

IF MOTHER IS UNDER 18

Thank you for the information you've given me. You've been very helpful. Good luck to you and your baby.

IF MOTHER IS PLANNING TO MOVE IN NEXT YEAR

Thank you for the information you've given me. You've been very helpful. Good luck to you and your baby.

IF MOM REFUSES TO BE CALLED IN TWO WEEKS

Thank you for the information you've given me. IF POSSIBLE, SAY: If you don't mind, could you tell me why you would rather not have us call you? Thank you You've been very helpful. Good luck to you and your baby. GIVE HER A BROCHURE IF SHE WOULD LIKE ONE.

## IF YOU SUSPECT ENGLISH MAY NOT BE THE PRIMARY LANGUAGE USED IN HOME

Will English be your baby's first language?

IF YES: CONTINUE WITH ENTIRE SCRIPT.

IF NO: Thank you for the information you've given me. You've been very helpful. Good luck to you and your baby.

## IF MOTHER ASKS, "WHAT IS THIS RESEARCH PROJECT ABOUT?"

The project is outlined in the brochure which I will leave with you. We are looking at what it is like for young children to grow up in the 90's.

The project involves visiting families, talking with parents, and observing children during their first 3 years of life.

We hope to learn about the variety of people, places, events, and care that may influence young children's lives.

Initially, one should just paraphrase information in the brochure if asked further questions. If further pressed, you can tell families that the ones who are selected will be called in 2 weeks at which point more details will be given. If a family further presses you and you feel you must give some more information (which I don't expect will ever happen), you can acquaint yourself with the information given in the 2-week phone call and give that information.

THE MOTHER'S QUESTIONS SHOULD BE ANSWERED WITH INFORMATION EITHER FROM THE HOSPITAL SCRIPT, THE BROCHURE, OR THE TWO WEEK PHONE CALL.

### C. Drop-Out Procedures

In a study as large as the NICHD Study of Early Child Care some attrition is inevitable. The procedure for dropping families must be standardized across sites.

After recruitment is complete, any subject who cannot be reached over two consecutive major common protocol assessments will also be dropped. These subjects cannot be replaced.

When a subject drops out of the study for any reason, a Subject Drop-Out Form (Form DM-B see Appendix F) must be completed.

When a subject is dropped from the study for any reason a **Subject Drop-out Form**, Form DM-B must be completed. This form must then be copied. The copy is filed in the family folder at the site and the original is mailed to the DCC as described on Page 37.

## IV. APPENDIX

| | |
|---|---|
| Appendix A | Form 0A - Hospital Screening Form |
| Appendix B | Form 0B - Address Form |
| Appendix C | Form 1A - Hospital Recruitment Form |
| Appendix D | Form 1B - Gestational Age Form |
| Appendix E | Form 1C - Two-week Call List |
| Appendix F | Form DM-B - Subject Drop-Out Form |

# THE NICHD STUDY OF EARLY CHILD CARE
## Hospital Screening Form

Site Recruitment ID______________________________ Site______________________________
Sampling Date and 24-hour frame______________________________
Hospital______________________________ Interviewer ID______________________________

| Mother's Name | Age | Child's Name (if known) | Room # | Phone # | Health Condition | Comments: |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form OA Revision 01/08/91

# THE NICHD STUDY OF EARLY CHILD CARE

## Address Form

Recruitment ID____________________ Sampling Date____________

Site______________________________________

Baby's Name ____________________ Date of Birth____________

Mother's Name __________________________________
Street______________________________________
City/State____________________________________
Phone______________________________________

Contact Person's Name______________________________
Street______________________________________
City/State____________________________________
Phone______________________________________

Form OB Revision 01/08/91

# HOSPITAL [illegible] FORM

[illegible] No.

|  |  |  |  |  |  |
|---|---|---|---|---|---|
|  | 1 |  |  |  |  |
| 3 |  |  | 3 |  |  |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
|  | 6 |  | 6 |  | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 9 | 9 | 9 | 9 | 9 | 9 |

EXCLUSIONS

1 [illegible]
2 Multiple birth
3 Mother not fluent in English
4 Family expects to move [illegible] within the year
5 Medical exclusions (baby
6 [illegible]
7 Adoption
8 Does not wish to be called at two weeks
9 Family lives too far away (determined by sites)
10 Family already in another study
11 Family neighborhood not safe (determined by sites)
12 Mother refuses to be interviewed
13 Other (list) ____________

[illegible] have received permission from the hospital staff to visit you. I only need [illegible] minutes [illegible] that is surveying the mothers of all babies who have been born in the last 24 hours. Before I say anything more let me say "Congratulations!"

[illegible]

[illegible] something about you and your baby. Things like your child's sex and birth weight, your education, and your [illegible] refuse to answer any question [illegible]

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

1 [illegible] 2 [illegible]

5 6

Now I would like to ask some questions about you and your family.

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

|  |  |  |  |
|---|---|---|---|
| [illegible] | 1 [illegible] | 2 [illegible] | 3 [illegible] |
|  | 4 [illegible] | 5 [illegible] |  |
| 7. Do you have a husband or male partner living with you at home? | 1 No | 2 Yes |  |
| 8. (If yes) Do you know how far he went in school? | 1 < 12 yrs | 2 High school/GED | 3 [illegible] |
|  | 4 BA/BS | 5 Post grad | 6 Don't know |
| 9. Were you employed or in school during the last 6 months? | 1 No | 2 Yes |  |
| 10. (If yes) How many hours a week did you usually work or attend [illegible] | 1 [illegible] | 2 10-29 hrs | 3 30 [illegible] |
| 11. Do you plan to be employed or attend school in the next year? | 1 No | 2 Yes | 3 Don't know |
| 12. (If yes) When do you think you will start school or work? | 1 < 6 months | 2 [illegible] |  |
| 13. (If yes) About how many hours a week do you think you'll be working/going to school? | 1 < 10 hrs | 2 10-29 hrs | 3 30 hrs or more |
| 14. (If no) Do you plan on being at home with ____________ | 1 No | 2 Yes | 3 Don't know |
| 15. Are you planning on moving from the area in the next year? | 1 No | 2 Yes | 3 Don't know |

BEST COPY AVAILABLE

Date: ____________

## THE NICHD STUDY OF EARLY CHILD CARE
## TWO-WEEK CALL LIST
## COMMON PROTOCOL

SITE = 8 WESTERN CAROLINA

| | PHONE CALL I DATE RESULT | PHONE CALL II DATE RESULT | PHONE CALL III DATE RESULT | DATE OF 1-MONTH | REFUSAL CODE |
|---|---|---|---|---|---|
| ID=820023 | | | | | |
| ID=830013 | | | | | |
| ID=810012 | | | | | |

Exclusions/Refusal Codes:

1. Baby in hospital more than 7 days
2. Less than 18 years of age
3. Moving within 3 years
4. Too busy
5. Study is too long
6. Lab's too far away
7. Doesn't want to come to lab
8. Doesn't want anyone to come to home
9. Husband objects
10. Uncomfortable giving family information
11. Objects to participating in research study
12. Not interested in this topic
13. Not enough compensation
14. Timed-out
15. Didn't call
16. Other (specify) ____________

Form 1C

Program: 01A by ls 17DEC90

## SUBJECT DROP-OUT

**IDENTIFICATION NUMBER**

This subject is being dropped from the study and should not be contacted for any further follow-up.

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

1. Date of dropout from study.

| Month | | Day | | Year<br>199__ |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| | 2 | 2 | 2 | 2 |
| | 3 | 3 | 3 | 3 |
| | 4 | | 4 | 4 |
| | 5 | | 5 | 5 |
| | 6 | | 6 | 6 |
| | 7 | | 7 | 7 |
| | 8 | | 8 | 8 |
| | 9 | | 9 | 9 |

2. Reason for dropout:

| | |
|---|---|
| 1 | Child moved away |
| 2 | Family moved away |
| 3 | Child illness |
| 4 | Family illness |
| 5 | Study takes too much time |
| 6 | Missed 2 major assessments |
| 7 | Personal reasons |
| 8 | Safety |
| 9 | Canceled 1-month appointment |
| 10 | Other |

# TRANSMIT L FORM OF RECRUITMENT DATA

| | | | | |
|---|---|---|---|---|
| Person responsible for packing the forms | SITE (First three letters) | FOR THE PERIOD: | FROM | THROUGH |

## INSTRUCTIONS

| | |
|---|---|
| Sort forms by Form #, then by ID # within each form. | Enter the quantity being sent for each form listed below. If none, enter zero. |

| Form No. | FORM TYPE | NUMBER OF FORMS ENCLOSED | (FOR DCC USE)<br>Number Received | |
|---|---|---|---|---|
| 1A | Hospital Recruitment Form | | | |
| 1B | Gestational Age Form | | | |
| 1C | Two Week Call List | | | |
| 2A | First Part of One-Month Interview | | | |
| 2B | My Baby Questionnaire | | | |
| 2C | My Feelings Questionnaire | | | |
| 2D | Parental Care Questionnaire | | | |
| 2E | Children and Their Parents Questionnaire | | | |
| 2F | Relations with Other People Questionnaire | | | |
| 3A | Second Part of One-Month Interview | | | |
| 3B | Your Pregnancy Questionnaire | | | |
| 3C | Family Finances Questionnaire | | | |
| 3D | What Employment Means to Me (A) Questionnaire | | | |
| 3E | What Employment Means to Me (B) Questionnaire | | | |
| 3F | Attitude Toward Maternal Employment Questionnaire | | | |
| 3G | Feelings About Parenting Questionnaire | | | |
| 3H | Ideas Aout Raising Children Questionnaire | | | |
| 3I | Love & Relationships (A) Questionnaire | | | |
| 3J | Love & Relationships (B) Questionnaire | | | |
| 3L | Questionnaire Log | | | |
| DM-B | Drop-out Form | | | |
| DM-D | Visitor's Interview Report Form | | | |

Date Received: ______________________ By: ______________________

Items missing: ______________________

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## SUBJECT DROP-OUT

IDENTIFICATION NUMBER

This subject is being dropped from the study and should not be contacted for any further follow-up.

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

1. Date of dropout from study.

| Month | | Day | | Year 199__ |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| | 2 | 2 | 2 | 2 |
| | 3 | 3 | 3 | 3 |
| | 4 | | 4 | 4 |
| | 5 | | 5 | 5 |
| | 6 | | 6 | 6 |
| | 7 | | 7 | 7 |
| | 8 | | 8 | 8 |
| | 9 | | 9 | 9 |

2. Reason for dropout:

| | |
|---|---|
| 1 | Child moved away |
| 2 | Family moved away |
| 3 | Child illness |
| 4 | Family illness |
| 5 | Study takes too much time |
| 6 | Missed 2 major assessments |
| 7 | Personal reasons |
| 8 | Safety |
| 9 | Canceled 1-month appointment |
| 10 | Other |

## SAFETY EXCLUSIONS

This form is to be used to keep records of families who are excluded from the study because of safety concerns. If a family is excluded from participation at any time during the course of the study, this form must be completed.

A. Color Area on Map

_____ Red
_____ Yellow
_____ Clear (i.e. safe)

B. Reason(s) Visitors thought that the area was unsafe

_____(a) Police in that precinct recommended that we do not visit the area.

_____(b) Upon arrival but before entering the home, the team noticed several indicators of an unsafe area. (Please see the enclosed the checklist from the safety manual. Attach the completed safety checklist form.)

_____(c) Once inside of the home, the team observed activity or other evidence that made them concerned about their safety.

Please describe why you felt unsafe: ________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

_____(d) Once the interview had begun, the team observed activity that made them concerned for their safety.

Please describe why you felt unsafe: ________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

_____(e) Other (Please describe): ________________________________

________________________________________________________________

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# THE NICHD STUDY OF EARLY CHILD CARE

## Address Form

Recruitment ID______________________.___ Sampling Date____________

Site____________________________________________

Baby's Name ______________________ Date of Birth____________

Mother's Name ____________________________________

Street__________________________________________

City/State______________________________________

Phone___________________________________________

Contact Person's Name_____________________________

Street__________________________________________

City/State______________________________________

Phone___________________________________________

Form OB Revision 01/08/91

# THE NICHD STUDY OF EARLY CHILD CARE
## Hospital Screening Form

Site Recruitment ID____________________ Site____________________

Sampling Date and 24-hour frame____________________

Hospital____________________ Interviewer ID____________________

| Mother's Name | Age | Child's Name (if known) | Room # | Phone # | Health Condition | Comments: |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form 0A Revision 01/08/91

# Chapter 5

# TWO WEEK RECRUITMENT PROCEDURES

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These materials were prepared by the NSECC Steering Subcommittee. Members of this subcommittee were Marsha Weinraub, Martha Cox, and Marion O'Brien. Many sites made valuable suggestions: University of California at Irvine, Wellesley College, and University of Wisconsin. Special mention is given to Jaime Cohen at the Temple site for her part in conceptualizing and writing portions of this manual.

# Chapter 5

# TWO WEEK RECRUITMENT

## I. INTRODUCTION

This chapter describes the procedures agreed upon by the Steering Committee of The NICHD Study of Early Child Care for the two-week phone call, and is to be used when babies are two weeks old. Common Protocol requires that procedures be consistent within and across sites. It is therefore especially important to follow to the exact rule the information about whom to call, when to call, what to say about the study, and what not to say.

The purpose of this phase is to recruit four(4) families into the study from each week's call list.

The Common Protocol procedural rules presented are as liberal as possible, allowing for as much site variation as the study can tolerate. Sites will have a variety of site-specific situations, vacation schedules, changes in personnel, etc. Each site must conform to the Common Protocol when making decisions with regard to data-collection schedules. Within-site rules can be more restrictive; they cannot be more liberal than the rules listed here.

Although the information for the two-week phone call is written as a script, the caller should use language to talk to the mothers that is appropriate to the area of the country where the study is being conducted. Specific words may vary so that the conversation between the caller and the mother can be natural and friendly. In cases where minor linguistic changes are needed, it is important to preserve the content and format of the script in its entirety.

### A. Site Coordinator

The Site Coordinator will receive the Two-Week Call List (Form 1C) from the Data Coordinating Center. She should then prepare a folder for each of the children to be called. This is initially the first four children appearing on the list. The folder will contain a Two-Week Phone Call Work Sheet (Form 1D) for each family to be called. These work sheets should have complete identifying information to ease the task of the Two-Week Phone Call Recruiter. The Site Coordinator will give these folders to the two-week phone call recruiter so that the calls can be made.

### B. Two-Week Phone Call Recruiter

The Two-Week Phone Call Recruiter will call each of the designated families according to the time specifications given below and record the results of each phone call. The folders containing the completed work sheets should be returned to the Site Coordinator within 24 hours of completion so that folders for additional families can be prepared, as needed.

### C. Replacement of Families

When families refuse to participate in the study, or are excluded from the Common Protocol for other reasons, the Site Coordinator will prepare additional family folders as detailed in Section II.A, Whom to Call (p. 4).

After four families have been recruited through the phone calls, the Site Coordinator must transfer the pertinent information to the Two-Week Call List and return the Two-Week Call List to the DCC in the weekly mail package.

## II. INSTRUCTIONS FOR CALLING

To recruit a mother into the study, the caller must attempt to reach her at least three times over a two day period. At least one attempt must be made in the morning, one in the afternoon and one in the evening. There is no limit on the number of times you can call each day. If the family does not have a phone, special efforts must be made to reach the mother. This must be constrained by the need to recruit four families before any of the children age out of the recruitment period. Therefore, the recruitment period is two days and should only be extended if the family does not have a phone. Families who cannot be contacted during this recruitment period and are thus excluded are said to have "timed out" of the recruitment period and should be given an exclusion code of "14."

Sites will develop guidelines about when to call within this rule. Sites may decide how early or late to call, how many times, etc.

### A. Whom to Call

The caller should select the first four families listed on the Two-week Call List and begin calling according to the following procedures. If a family is removed from the list without having a one-month visit scheduled, start calling the fifth family on the Calling List (#5). If another family refuses or cannot be contacted, start calling the sixth family. Continue this process until either four families have been recruited OR you have no more families on the list who can be called.

### B. When to Make the First Telephone Contact

The first call must be made within three days of the baby's two-week birthday. That is, initial calls must take place when the baby is between 4 and 10 days old.

### C. When Visit Can't be Scheduled on First Contact

#### 1. Interrupted Call

When a call is interrupted, the caller should arrange a specific time to call the mother back before the end of the following day. The caller should tell the mother, "*I need to call you back before the end of tomorrow. If we can't*

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*talk before then, we won't be able to include your family in the study."*

When you call the mother back at the appointed time, start from the beginning, to insure that the mother gets complete information. Say something like, "*I'm going to go through this again quickly, so that I don't forget to tell you something.*"

### 2. Mother Needs to Talk to Husband/Partner

If the mother would like to discuss the decision to participate with her husband/partner or if the mother would like the caller to tell her husband/partner about the study, she will have two more days from that point to decide whether she wants to participate. Arrange a specific time within the next two days to call the mother back. Tell the mother, "*I need to know if you'll be willing to participate by (fill in appropriate day and time). If we can't talk before then, we will not be able to include your family in the study.*"

When you call the father, introduce yourself and follow the script in Section IV, B, page 21.

### 3. Mother is Mailed Materials to Show Her Husband/Partner

If the mother wants the caller to mail materials to her before she decides to participate, she will have three more days from that point to decide whether she wants to participate. Arrange a specific time within the next three days to call the mother back. Tell the mother, "*I need to know if you'll be willing to participate by (fill in appropriate day and time). If we can't talk before then, we won't be able to include your family in the study.*"

### D. When to Schedule One-Month Visit

The home visit must be scheduled when the baby is three to five weeks old. If a home visit needs to be rescheduled (because of illness, cancellation, etc.) the visit must be rescheduled within the original window of 3 to 5 weeks of baby's age. Thus, it is advised that one-month visits be scheduled as early in the window as possible to allow for some rescheduling. If the one-month visit cannot be scheduled within this window, indicate that all required calls have been made on the Two-Week Call List, enter the appropriate exclusion/refusal code, and leave the date of One-Month visit field blank.

### E. When Not to Exclude

#### 1. Caregiver Doesn't Want to Participate

If a mother says that she is sure that her caregiver/babysitter does not want to participate in the study, the family is NOT excluded. Say something like, "*I see. What have you discussed with her?*" Listen to see what the actual problem is, respond briefly, and then say, "*That's okay. We'll still want to see you and BABY. We'd like to have your permission to ask your caregiver/babysitter about joining the study, but she is under no obligation. We'd just like to tell her about it ourselves and see if she'd like to be a part of the study at that time.*"

### 2. Site-Specific vs. Common Protocol

In January 1990, the Steering Committee briefly evaluated site-specific protocols, and agreed that there was no reason to believe that any will seriously interfere with the Common Protocol.

As a consequence, each of the sites can incorporate information about their site-specific procedures into the information given to the mother at two weeks. No distinction will be made to the families between the Common Protocol and Site-Specific Research. However, if the mother decides to participate in the study, and does not have enough time to spare for a site-specific section of any visit, or if she does not think that her husband/partner will want to participate, the family is NOT excluded.

## F. Asking the Mother for Her Participation

In this script we have not specifically asked the mother, "Are you willing to participate?" At some sites, such an approach is standard recruiting procedure. It is considered to be a technique more likely to get mothers' participation. However, mothers who agree to schedule a time, but would rather not participate may not be there for us at one month! So, for this and for ethical reasons, be sensitive to a mother's cues that she is not interested in participating. If this is the case, allowing the mother time to say, "*No, I'd rather not be in the study,*" is very, important. Callers will have to be sensitive here.

Some sites, especially those who have decided to have different people introduce the study from those who schedule the visit, may want to ask specifically and directly whether the mother will participate. Both approaches are allowable within the Common Protocol, and both can be monitored for differential participation and attrition rates since the DCC will monitor all data by site.

### G. Asking for Father's Participation

Some sites are also participating in the Health and Human Services group protocol. These are:

0 - University of Arkansas
1 - University of California - Irvine
2 - University of Kansas
4 - University of Pittsburgh
8 - Western Carolina Center
9 - University of Wisconsin

In these sites the caller must also ask the fathers to participate in the study. After a mother says she is interested in participating in the study (or agrees to hear more about the study) you should bring up the possibility of the "father" portion of the study. FATHERS ARE NOT REQUIRED TO PARTICIPATE DIRECTLY IN THE PROJECT FOR THEIR FAMILIES TO BE IN THE COMMON PROTOCOL. If a mother says that both she and her husband/partner are interested in participating, then schedule both visits. If at all possible, schedule the visits for different times.

Many mothers respond to the invitation for paternal participation by saying that they need to talk with their husband/partner. When this occurs, establish a time to call the mother back (within the next two days) to obtain the paternal response. Ask the mother if she would like for you to (a) send the family information about the project or (b) speak with the husband/partner about the project. Provide this information as necessary. Record the reason for any refusals on a separate copy of the call list.

## H. Communication With Families

Some sites may want to send postcards saying that they may call the mother. These sites need to keep in mind the turn-around time for getting the list of names to call from the DCC.

Some sites may want to send postcards to those families they told they might call, but didn't.

## III. FORMS

Two forms are used for the Two-Week Recruitment Phone Call. They are the Two-Week Call List and the Two-Week Phone Call Work-Sheet.

The Two-Week Phone Call Work-Sheet will remain at the site. Copies of this should be provided to the interviewers who will be visiting in the home.

The Two-Week Call List must be returned to the DCC in the weekly mail package of data-collection forms.

The Two-Week Call List provides three spaces for the three times of day that you must call before disqualifying a family. You may use these any way you choose. The DCC will collect inventory information only from this form. Record the date of the One-Month Home Visit if you have successfully scheduled one. Otherwise, record the appropriate exclusion/refusal code. Note that if the family is not called, an exclusion/refusal code of 15 - "Didn't Call" is to be recorded.

## IV. SCRIPT FOR TELEPHONE CALL

### A. Common Protocol - Mother

*"Hello, Mrs./Ms. _______________. I'm _______________ from The NICHD Study of Early Child Care. I visited with you in the hospital. It was very nice meeting you. Is this a good time for you to talk? It will take no more than 10 or 15 minutes".*

**If "no,"** ask:

*"When would be a more convenient time for you?"*

Arrange call back time within the mother's two day allotment. Tell her,

*"I need to call you back before* (INSERT CORRECT TIME AND DAY). *If we can't speak before then, we will be unable to include you in our study."*

*"Thank you very much. I'll be speaking to you* (CONFIRM TIME), *then."*

**If "yes,"** continue:

**If baby's name is not known,** ask:

*"Have you named your baby yet?"*

Note baby's name on two week phone call work sheet.

If you can, compliment mom on the baby's name.

**If baby's name is known,** insert it throughout the rest of script.

*"How are you and BABY doing now?"*

LISTEN.

**If all is well,** say something like:

*"That's good!"*

**If all is not well,** say something like:

*"I hope things get easier for you soon."*

**Do not let Mom go on for more than a few sentences before you ask the next question.**

*"When did BABY come home from the hospital?"*

Note on two-week phone call work sheet.

**If more than 7 days after birth,** it would be appropriate to speak a little more with mother about how she and the baby are now. Then say:

*"Thank you for talking with me. You've been very helpful. As you know, we're interviewing some parents of infants, but right now we're unable to enroll any more families in our study. I just wanted to see how you and BABY are doing, to thank you for your time in the hospital and today, and wish you and BABY well."*

**If 7 days or less after birth,** continue with script:

*"I'd like to check some of the information that I got from you in the hospital to make sure my records are right.*

*I need your age."*

**If under 18,** say:

*"Thank you for this information. You've been very helpful. In order to be eligible for this study you need to be at least 18 years old. Would it be okay if I keep your name in our files in case another study comes up for which you may be eligible? Thank you for your time and good luck to you and BABY."*

**If 18 or older,** say:

*"Do you have definite plans to move outside of the area within the next three years?"*

If mom says that they will definitely or probably be moving within the next year, treat as a "yes" to the question.

**If "yes,"** say:

*"Thank you for this information. You've been very helpful. As you know, we're interviewing some parents of infants, but we want to be sure that the families that we enroll will stay in the area. You've been very helpful in our research, but we won't be able to include your family in this study. Other studies may come up for which you are eligible. May I call you if there is a study for children BABY's age that you might be eligible for? I want to thank you for your time and wish you and BABY well."*

**If "no,"** continue with script.

*"I'm very glad to be able to tell you that you and BABY have been selected to be part of our study! I'd like to tell you about our project and what it may mean for you and BABY.*

*The question we want to answer is, "How do children's early experiences in their family and in different kinds of child care contribute to their development?" It's important that we include families in which the mother plans to stay at home with her child full-time, as well as families who are planning for their child to spend some time being cared for by other people. The NICHD Study of Early Child Care is part of a federally-funded study taking place in 10 cities.*

*If you decide to participate, we will want to visit you at home twice during BABY's first year, at one and six months; once again in the second year when (he/she) is 15 months old; once when BABY is two years old, and once again when (he/she) is three years old.*

*At these visits, we will talk about how you and BABY have been, about people and events in your life and about any child-care arrangements you have made. Sometimes we will observe BABY either playing with (his/her) own toys or with toys that we bring. Other times we will make a short videotape of BABY and you playing alone together and with another person. We will also ask you to visit us at the (Center/University) when BABY is 15, 24 and 36 months old.*

*Each visit will last about X to Y hours* (THE MAXIMUM AND MINIMUM HOURS WILL VARY FROM SITE TO SITE) *hours. In appreciation* *of your time, we will give you a cash payment at each visit of between $15 and $35 depending on BABY's age. For example, for our first visit, when BABY is one month old, you will receive $15. By the time BABY is 3 years old, you will receive $35 when you come to the (Center/University).*

*Someone from our team will call you on the phone once every three months. We'll talk with you about any changes that might have occurred in your family situation. These calls will take about ten to fifteen minutes and we will arrange them at a time that's convenient to you."*

Pause here to give the mother a chance to ask questions.

*"If BABY is in any type of child care, someone from our team will observe BABY when (he's/she's) not with you. We'll pay the caregiver or center in that setting $40 for each visit. When the time comes, someone from our team will also obtain separate permission from the caregiver, explain what we are doing and ask her to participate.*

*At the end of the study, we'll send you an edited videotape of BABY from when we saw (him/her) at 15, 24 and 36 months old. In the past, mothers have told us that they have liked being in our studies and many are interested in what we learn about young children. We will, of course, send you a report of our findings.*

*Before each visit, we'll give you complete information about what we'll be doing. You can ask us questions at any time. You* *can withdraw from this study at any time. Your family's identity will be confidential. The only people who'll be allowed to see the information will be the people working on this study.*

*I know this is a lot of information to hear at one time. Feel free to ask me any questions."*

Pause for questions.

*"Now I'd like to give you more details about what will happen when we come to your house in 2 weeks. (A/Two) visitor(s)* (INCLUDE NAMES IF KNOWN) *will come to your house. First, (she'll/they'll) talk with you about what being in the study will involve, and (she'll/they'll) answer any questions that you have. If everything is okay, (she'll/they'll) ask you to sign a letter stating that we've told you all about our study. I'll put a copy of this letter in the mail today, so you'll be able to look at it ahead of time.*

*(She'll/they'll) ask you some questions and have some questionnaires for you to fill out, which (she/they) can help you with if you'd like. (She'll/they'll) be interested in finding out about how* **BABY** *is doing, about the people and events in your life, and about any childcare arrangements you may have made.*

*These questions will take about X to Y hours* (VARIES BY SITE). *BABY may be awake or sleeping. During the interview part of the visit you can hold (him/her) or feed (him/her). And, if you'd like, the visitors can help you with BABY, too."*

For sites doing site-specific research on Visit 1 that does not include fathers, describe it at this time.

For sites with site-specific research that includes fathers on visit 1: First secure mother's participation, then ask about father participation. This procedure has been chosen so that sites studying fathers will have a sample of all interested and eligible mothers, not just those whose husbands/partners are also available for study.

For sites with different people requesting participation and scheduling: Ask here if mother is interested in participating. If so, tell her someone will call her to schedule a time.

For sites that are scheduling on this call: Continue with script.

*"I'm sure that you're very busy, especially with a new baby. We'd like you to pick a time for this visit that is most convenient for you and for BABY. We'd prefer a quiet time when there will be few distractions and interruptions from other people, the television, or the phone. When would be a good time for us to come?"*

Arrange a time for the home visit.

The visit must be scheduled within one week (plus or minus one week) of the baby's one month birthday.

Choose a 2-hour time slot for the common protocol, plus time for the site-specific research. Although the common protocol only takes 1 1/2 hours, extra time should be reserved to be sure that the common-protocol material can be completed.

Record time and date of one-month visit on the two-week telephone call work sheet.

*"Who else will be at your house during that time?"* Probe to see if any arrangements need to be made for watching other children or occupying other family members. Record on two-week telephone call work sheet.

### B. Health and Human Services (HHS) Study - Father

**This section is only for those sites requiring father participation.**

After the mother has heard the description of the common protocol and has agreed to participate in the study, she should be told about the HHS Group Protocol. The script for the HHS Protocol follows:

*"There is an optional part of the study that involves your (husband/partner). We have found many (husbands/partners) are interested in participating in our project. At 1, 6, 15, 24, and 36 months, your (husband/partner) would be asked to answer*

*questions similar to the ones you are asked. Each of his interviews will take about 30 minutes. Your family would receive additional payments for these interviews: $15 for the one-month visit, $20 for the 6-month visit, $25 for the 15-month visit, $30 for the 2-year visit and $35 for the 3-year visit. Most parents prefer to schedule the (Husband/Partner) Visit at a different time from the Mother Visit. Do you think your (husband/partner) would be interested in participating in the study?"*

**If "yes,"** schedule both visits.

**If "no,"** say:

*"That's fine."*

Make sure the mother understands that the family can participate in the study of early child care without father participation.

**If "maybe" or "I don't know,"** allow the mother two days to discuss the matter with her husband/partner. Use the following script:

*"Would you like to discuss this study with your (husband/partner)? If you would like, I will send you a letter that describes his participation as well as your own. I can also speak with him directly. (SUPPLY THIS INFORMATION AS NEEDED.) I need to call you back within two days to see if he is interested.*

*When would be a good time to call? At that time, we can also schedule his interview."*

When you call the father use the following script:

*"Hello, Mr.___________. I'm____________________ from The NICHD Study of Early Child Care. I spoke with your (wife /partner) about participating in our study. She suggested I speak with you. I will take no more than 10 or 15 minutes. Is this a good time for you to talk?*

**If "no,"** ask:

*"When would be a more convenient time for you?"*

Arrange call-back time within the two-day allotment. Tell him:

*"I need to call you back before (INSERT CORRECT TIME AND DAY). If we can't speak before then, we will be unable to include you in our study.*

*Thank you very much. I'll be speaking to you (CONFIRM TIME), then."*

**If "yes,"** continue:

*"I'd like to tell you about our project and what it may mean for your family.*

*The NICHD Study of Early Child Care is part of a federally-funded study taking place in 10 cities. The question we want to answer is, "How do children's early experiences in their family* *and in different kinds of child care contribute to their development?" As part of that study, we are interested in families in which the mother plans to stay at home with her child full-time, as well as families who are planning for their child to spend some time being cared for by other people. We are also interested in how fathers contribute to their children's development.*

*If you decide to participate, we will want to visit you twice during BABY's first year, at 1 and 6 months, once in the second year when (he/she) is 15 months old, once when BABY is 2 years old, and once again when (he/she) is 3 years old.*

*At these visits, we will talk about how you and BABY have been. We will ask about your feelings and opinions about your family and child development.*

*Each visit will last about X to Y hours (THE MAXIMUM AND MINIMUM HOURS WILL VARY FROM SITE TO SITE). In appreciation of your time, we will give your family a cash payment at each visit of between $15 and $35 depending on BABY's age. For example, for our first visit, when BABY is one month old, you will receive $15. By the time BABY is 3 years old, you will receive $35. These payments are in addition to those your wife will be paid for her participation."*

Pause here to give the father a chance to ask questions.

*"At the end of the study, we'll send your family an edited videotape of BABY from when we saw (him/her) at 15, 24, and 36 months old. In the past, fathers have told us that they have liked being in our studies and many are interested in what we learned about young children. We will, of course, send you a report of our findings.*

*Before each visit, we'll give you complete information about what we'll be doing. You can ask us questions at any time. You can withdraw from this study at any time. Your family's identity will be kept confidential. The only people who'll be allowed to see the information will be the people working on this study.*

*I know this is a lot of information to hear at one time. Feel free to ask me any questions."*

Pause for questions.

*"Now I'd like to give you more details about what will happen when we come to your house in two weeks. (A/Two) visitor(s) (INCLUDE NAMES IF KNOWN) will come to your house. First, (she'll/they'll) talk with you about what being in the study will involve, and (she'll/they'll) they'll answer any questions you have. If everything is okay, (she'll/they'll) ask you to sign a letter stating that we've told you all about our study. I'll put a copy of this letter in the mail today, so you'll be able to look at it ahead of time.*

*(She'll/they'll) have some questionnaires for you to fill out, which (she/they) can help you with if you'd like. (She'll/they'll) be interested in finding out how BABY is doing and about the people and events in your family's life. She'll ask your opinions about child development. These questions will take about 30 minutes (VARIES BY SITE). BABY may be awake or sleeping."*

For sites with different people requesting participation and scheduling, ask here if father is interested in participating; if so, tell him someone will call to schedule a time.

For sites that are scheduling on this call, continue with script:

*"I'm sure that you're very busy, especially with a new baby. We'd like you to pick a time that is most convenient for your family. We'd prefer a quiet time when there will be few distractions and interruptions from other people, the television, or the phone. Most families prefer to schedule the Mother and Father Visits at separate times. When would be a good time for us to come?"*

Arrange a time for the Father Visit.

The visit must be scheduled within one week (plus or minus one week) of the baby's one month birthday.

Choose a 30-minute time slot for the HHS Study, plus time for the site-specific research. Although the HHS Study only takes 30 minutes, extra time should be reserved to be sure that the HHS study material can be completed.

Record time and date of One-Month Father Visit on the HHS copy of the Call List.

*"Who else will be at your house during that time?"*

Probe to see if any arrangements need to be made for watching other children or occupying other family members. Record on call list.

*"I'll be sending you a note with the time and date we just picked for the visit and our phone number so you can contact us if you wish. I'll also be enclosing a copy of a letter to you from (site PI's) describing the study. When we come to your home we can talk about this letter. After we answer any questions that you may have, we will ask you to sign at the bottom of the letter to show that you have read it and that you would like to participate.*

*Someone from our team will call you the day before we come to confirm the visit. Is there a particular time of day that is good to reach you? RECORD ON TWO-WEEK PHONE CALL WORK SHEET.*

*If there are any problems before then, or if you have any questions, please feel free to call me. My name, again, is ________________. And the number is __________________________.*

*If was great talking with you today. Thanks for your time."*

### C. Ending Phone Call

*"Okay, we're almost finished. First of all, don't prepare anything. Don't even clean up. You can leave your house just the way it is. We know you're very busy. We want this to be as informal as possible, and we'll be very informal, too. Please don't go to any trouble.*

*Let me make sure I have your correct address."*

Check address given in hospital and record on Two-Week Phone Call Work Sheet.

*"Now I need directions, so that I can give them to the visitor(s)."* (USE VISITORS' NAMES IF KNOWN).

Record on two-week phone call work sheet.

*"Where is a good place for (her/them) to park?"*

RECORD ON TWO-WEEK PHONE CALL WORK SHEET.

*"Let me make sure this is right, then."*

>> Confirm appointment time, address, and parking spot.

*"I'll be sending you a note with the time and date we just picked for the visit and our phone number so you can contact us if you wish. I'll also be enclosing a copy of a letter to you from (site PI's) describing the study. When we come to your home we can talk about this letter. After we answer any questions that you may have, we will ask you to sign at the bottom of the letter to show that you have read it and that you would like to participate.*

*Someone from our team will call you the day before to confirm the visit. Is there a particular time of day that is good to reach you?"*

Record on two-week phone call work sheet.

*"If there are any problems before then, or if you have any questions, please feel free to call me. My name again is ______________________. And the number is __________________.*

*It was great speaking with you today. Thanks for your time."*

## V. PROBLEMS AND TROUBLESHOOTING

**>> If you need to leave a message with a person**

*"Hello. This is ______________________ from the NICHD Study of Early Child Care. I visited with Mrs./Ms. (Mom's first and last name) in the hospital about 2 weeks ago. She can call me at ________________. She'll need to call me (NAME THE DAY OF THE TWO-DAY DEADLINE, "TODAY, MONDAY" OR "NO LATER THAN TOMORROW, TUESDAY.") I'm sure she's very busy so I hope it's okay for me to call her back if I don't hear from her. Is there a good time when I might reach her today, MONDAY (or tomorrow)?*

*Thank you. Goodbye."*

The mother has to get back to us within the two days allotted, for her to be on the calling list.

Call the mother back only at a time within the two day deadline originally set when the mother's name came onto our calling list. Say "today" if this is the second day you've tried to call the mother. Say "today or tomorrow" if this is the first day you've tried to call the mother.

If these deadlines are not kept, the family is not eligible. Move to the next name on the list. (See also Section II.B, "When to Make the First Telephone Contact.")

**>> If machine answers phone (you may leave a machine message)**

*"Hello. This is ______________________ from the NICHD Study of Early Child Care. I visited with you at the hospital about 2 weeks ago. You may be out of your home or busy with your new baby. You can call me at ______________________. You'll need to call me no later than (NAME THE DAY OF THE TWO DAY DEADLINE, "TODAY, MONDAY" OR "TOMORROW, TUESDAY."). I hope it's okay to call you back today (or tomorrow) if you don't get a chance to get back to us. Thank you. Goodbye."*

**>> If the mother has no phone**

If the family does not have a phone, their phone is disconnected, or their number has been changed to an unlisted one, special efforts must be made to reach the mother. The following steps are recommended:

1. Call the alternate contact. You should have an alternative number to call from the hospital recruitment visit. Do not expect the alternate contact to go and get the mother while you wait on the telephone. Generally, alternate contacts will not give you direct access to the mother, but will let you leave a message for her. If you do not get an answer at this number on your first try, call back until you have tried in the morning, afternoon, and evening of one 24-hour period. If you do reach the alternate contact, leave a specific message, such as:

*"This is (YOUR NAME) from the NICHD Study of Early Child Care at the University of _______. We visited with (MOTHER'S NAME) when BABY was born, and she gave me your name in case we needed to get in touch with her. Would you be able to get a message to her today or tomorrow?"*

**If "yes,"** continue:

*"She can reach me at PHONE NUMBER and TIME. I know she's very busy, but I need to hear from her by DATE/TIME to get BABY included in our study. Be sure to tell her to call me collect if that would help. Thanks very much for your help."*

**If "no,"** politely thank the person and say:

*"Goodbye."*

Wait a maximum of 24 hours for the mother to return the call before moving to the next step. Do not call the alternate contact a second time after leaving a message.

2. Make a home visit. The most effective way to contact the mother is for a project staff member, preferably the person who talked with her in the hospital, to go to the family's home. If the mother is there, the information from the two-week call can be communicated in person. If the mother is not home but another person answers the door, leave a written message containing your phone number and the purpose of your visit. You

might also ask for a time when the mother is expected and return to the home after that time, if possible.

If no one is at home, but it looks as if the mother lives there, leave a letter or card asking the mother to contact the project office. Be sure to let her know she can call collect. Messages should also include a time to call, and should emphasize that you need to hear from the mother within that day or the next.

3. Call directory information in surrounding areas. If it appears that the family no longer lives at the address the mother gave you, check to see if they moved to a nearby area and have a published phone number.

Our guarantees of confidentiality prohibit us from contacting neighbors or others whose names have not been provided to us by the family.

**>> If Mom says, "I'm too busy."**

*"Yes, you must be really busy. Especially with your new baby. We do our best to make things as easy as possible for you. As you can see, there are no more than 2 visits per year and we like to schedule them at your convenience. We can come during the day, in the evening, or on the weekend. You may enjoy our visits and find the time well spent. Why don't I give you some more information, and you can decide after you've heard more about our study."*

Continue with script.

>> **If Mom says she'll participate without hearing all about the study**

*"We're so glad that you want to be in the study, but there are a few things I want you to know."*

Continue with script. If she still doesn't want to stay on phone say:

*"I'll send you the information in the mail."*

In any case, the following things must be communicated to the mother: the eligibility data must be confirmed and the mother must be informed of the home visits, the child-care visits, and the lab visits, and that videotaping will be done.

>> **If caller feels mother is tuning out**, the caller may curtail the telephone information as recorded. However, it is important that the caller at least:

- confirm eligibility data
- inform the mother of home, childcare and lab visits
- inform the mother of videotaping

>> **If mom says, "My husband might not let me."**

*"What do you think he might be concerned about?"*

Listen. Don't respond, just acknowledge mom's comments. When she is all done and leaves time for you, gently give her the information that is relevant to her husband in a matter-of-fact, supportive manner.

Some possible concerns:

>> **"I can't sign anything without my husband seeing it."**

*"Well, I could put a copy of the letter in the mail today so that you and your husband could look at it and know what you'll be signing before you sign it. Then either of you can call me if you have any concerns. And, if I don't hear from you, I'll give you a call a few days before our visit to see if either of you has any questions."*

>> **"My husband doesn't like us to leave the house."**

*"Your husband is welcome to be home when we come to your house and he is welcome to come to the (Center/University) with you and BABY."*

>> **"My husband doesn't like me to talk about family business with outsiders."**

*"Everything you tell us will be strictly confidential. Your family's identity will be confidential. We'll give a code number to all information about your family. We'll keep the list that matches the names and code numbers in a locked place separate from the information you give to us. The only people who'll be allowed to see the information will be people working on this study."*

>> **"Is my husband going to have to do anything?"**

### Sites with father studies

This is an appropriate place to tell Mom about it. However, you must be careful that you express to the mother that we would be very eager to have her participate whether or not her husband participates.

### Other sites

*"No, there's nothing he has to do. Later on we may invite him to be in the study, if he'd like. And, we'll tell you about that ahead of time if that happens. But right now, there's nothing he has to do."*

**>> If it seems like it would be helpful to speak to husband in order to enroll the mother into the study**

*"Would you or your husband like me or (PI) to call him and talk with him about our study? We know it's a lot of information and we would be more than happy to speak with him. I would need to talk with him within the next two days."*

Arrange time to call husband and use script provided later in this document.

**If Mom does not seem willing to continue**

*"Why don't you take some time and talk it over with him and I'll get back to you in the next two days. When is a good time for me to call back?*

Arrange time to call back.

Once we have spoken to the mother, and she needs to talk it over with her family, wants us to talk to her husband, or wants more time, then we can give her two more days, regardless of the two-day deadline, to decide about scheduling the one month visit.

If these deadlines are not kept, the family is not eligible and we move on to the next name on the list. (See also Section II.C, "When Visit Can't be Scheduled on First Contact.")

**>> If Mom seems willing to continue**

*"Why don't I give you some more information, and you can decide after you've heard more about our study."*

Continue with script.

**>> If Mom says, "My babysitter won't want to participate."**

*"Oh, I see. What have you discussed with her?"*

Listen, and respond appropriately.

*"That's okay. We'll still want to see you and BABY. We'll need to speak with your (caregiver/babysitter) when the time comes to ask her if she'd like to join the study. She is under no obligation. We would just like the chance to invite her to join us."*

**>> If Mom says, "It's okay if you come to my house, but I can't come to the (Center/University)."**

*"We would be happy to provide a taxi that would pick you up at your house and take you to our (Center/University) and then*

*one for your ride back home. And, of course, a member of our team will be waiting for you in the lobby of our building to show you to our playroom. Or, if you'd like to drive, we have parking and we'll send you clear and complete directions. Why don't I give you some more information, and you can decide after you've heard more about our study?"*

Continue with script.

**>> If Mom says, "I can't sign up for 3 years. It's too long."**

*"Yes, it is a long time, isn't it? It's hard to know what the next three years will be like. As I told you before, you can withdraw from the study any time you wish. I think you'll enjoy working with us on this project. And, as we get to know each other and develop a relationship, three years may go by quickly.*

*Why don't I give you some more information, and you can decide after you've heard more about our study?"*

Continue with script.

**>> If Mom still thinks 3 years is too long**

*"Well, you can withdraw at any time without penalty. Perhaps we could take this a little bit at a time and see how it goes for both of us."*

**>> If Mom says, "What are you going to do with the videotapes?"**

*"The videotapes that we make will be used for research purposes or for training graduate students. They will not be*

*used for any other purpose without your written consent. At the end of the study, we will be happy to give you a copy of BABY's videotape."*

**>> If Mom says, "Why are you interested in child care?"**

*"Child care is one of the many experiences some children have in their early years that may affect their development. As you know, we will be looking at children's experiences in their homes. In addition, if a child is in any form of regular child care for more than 10 hours a week, we would also like to observe the children in that setting as well."*

**>> If Mom says, "What do you expect to find?"**

*"It is because information on children's experiences in their homes and in child-care settings is so incomplete that we need to do this study."*

If you have hypotheses or biases in this realm, please do not share them with potential participants in any way. If the mother is persistent in questioning you about your opinions, you may ask the mother what her opinion is; it may be that her interest in asking about your opinions are only to share her opinions with you. If this appears the case, you may listen politely.

Some responses after she tells you her opinion are: "that's a possibility," or "that's an interesting idea." If it seems reasonable to say so, you might add that you will let the site PI's know about what she has suggested.

It might be helpful to change the topic by saying, "*This is very interesting, and I'm sure we could talk about it for a long time, but I'd really like to tell you more about what being in this study would involve for you and your family.*"

Continue with script.

**>> If at any point the mother asks a question that (1) you don't know the answer to, (2) seems like the answer you give will prejudice the mother about the purpose of the study (3) goes beyond the information you think you may be able to give about the study.**

Say,

"*I'm not sure what the answer is at this time. I'd like to check with the Director of this project, (INSERT NAME) and get back to you.*"

Then, of course, get back to the mother with the answer as soon as possible.

**>> If Mom refuses to be in the study**

Read to the mother the refusal categories on the bottom of Form 1C, the Two-Week Call List and circle the corresponding number for her refusal on the Two-Week Phone Call Work-Sheet.

### >> Script for telling husbands about the common protocol study

This script is for when it seems like it would be helpful to speak to the father/partner in order to enroll the mother into the study.

This is NOT a script to enroll fathers into the study.

*"Hello, Mr.____________________. I'm ____________________ from the NICHD Study of Early Child Care. I visited with your (wife/partner) when she was in the hospital and I spoke with her on the phone ____________________ (earlier today, yesterday...). She asked if I could call you and tell you about our study also. It will take about 10 minutes. Is this a good time to talk?"*

**If "no" >>**

*"When would be a more convenient time for you?"*

Arrange call back time within the two-day allotment. Tell him:

*"I need to call you back before (INSERT CORRECT TIME AND DAY). If we can't speak before then, we will be unable to include your family in our study."*

*"Thank you very much. I'll be speaking to you (CONFIRM TIME), then."*

**If "yes"** >> Start with "I'm very glad to be able to tell you..." in Section IV. A, SCRIPT FOR TELEPHONE CALL.

Throughout the script, while speaking to the husband/partner, the caller will have to substitute "you" with "your family" or "your wife/partner." In addition, the caller will have to substitute "your" with "your wife's/partner's." FOR EXAMPLE: *"I'm very glad to be able to tell you that your family has been selected to be part of our study! I'd like to tell you about our project and what it may mean for your family."*

Stop following the SCRIPT FOR TELEPHONE CALL after telling the father/partner about the One-Month Visit. (For sites with Site-Specific Research during the first visit, be sure to include this information.)

Say to Father/Partner:

*"I hope this information has been helpful. Do you have any questions?"*

Answer any questions using TROUBLESHOOTING SECTION, above.

*"I will be calling your (wife/partner) on _____________ (INSERT CORRECT TIME AND DAY WITHIN ALLOTTED TIME). I hope you and your (wife/partner) will be able to take your time and discuss whether your family is interested in participating. Again, my name is _______________ and if you have any further questions you can reach me at _________________. It's been nice speaking with you. I hope your family will become a part of our project."*

## VI. CONFIRMATION LETTER

June 28, 1990

Mother's Name
Address
City, State, Zip

Dear Ms. ( )

It was a pleasure talking with you on the phone. This letter is to confirm the appointment that we made. ( ) will be visiting with you at your home on ( ), at ( ).

I have enclosed a letter from the Study Directors and some information about the study.

Please feel free to contact me at ( ) if you have any questions or concerns.

Thank you for joining us in this project. We look forward to getting to know you and ( ).

Sincerely,

Research Assistant

enclosures

## VII. WELCOME LETTER FROM SITE PI'S

Date

Mother's Name
Address
City, State, Zip

Dear Ms. (   ):

Congratulations on your new baby! Watching your child grow will be an exciting part of your life.

We here at (INSERT LOCATION NAME) are all pleased that you have agreed to have us come to your home in two weeks. Attached to this letter
is a copy of the "Information for Parents about The NICHD Study of Early Child Care". This letter includes the information (                    ) talked to you about on the phone today, and a form for your signature.

When members of our project team come to your home, they will discuss this information with you, answer any questions that you may have, and ask you to sign the form. Your signature will indicate that you understand what being in the study will involve and that you agree to participate. We will need your signature before we can begin our first interview.

In case you should misplace the information, have no worry! Our visitors will bring extra copies with them. We understand that this may be an especially busy time for you.

We look forward to meeting you and working with you on this exciting project.

Sincerely yours,

PRINCIPAL INVESTIGATOR

STUDY COORDINATOR

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# VIII. INFORMED CONSENT

## A. Alternative #1

### Mother Consent Form
### The NICHD Study of Young Children's Lives

You are invited to participate in a study of children and their families during the first three years of life. We are interested in how home and child care experiences may contribute to child development. We have been funded by the National Institute of Child Health and Human Development to do this five year study as part of a research network involving nine other groups of investigators across the country.

Your family has been selected to be in this study because you have an infant born during 1991. If you decide to take part, you and your child will be visited in your home for about two hours when your child is 1, 6, 15, and 24 months old, at a time convenient for you. The observer will make written notes during each visit. At 6 months, a 15-minute videotape of you and your child will be made. During the visits, we will ask you to fill out some questionnaires asking about your life stresses and supports, attitudes, psychological characteristics, marital relationships, and your child. At any time, you have the right not to answer a question or to stop the interview.

Every three months, we will telephone you and ask about your health, your child's health, child care arrangements, and time use. These phone calls will take approximately 15 minutes. At any time, you are free not to answer a question.

If you decide to work outside the home, we would like to observe your child in whatever care you have selected. We will ask you to tell your child's caregiver about this study. We will also talk with the caregiver and get his/her consent. In signing this form, you are giving your permission for us to observe in your child's day care. A copy of this consent form will be shown to the caregiver to document your permission for us to observe your child.

When your child is 15, 24, and 36 months old, we will invite you and the child to the (INSERT LOCATION NAME). Each visit will last about two hours. We will observe your child's language, intellectual, and social skills. We will videotape you and your child playing together, and we may ask you to leave him/her briefly. You will be free to end these visits at any time. In addition, we will provide transportation or reimburse you for mileage and parking and will provide on-site babysitting for your other children.

In appreciation for your time during the home visits, w will pay you $15 for the one month visit, $20 for the six mc visit, $25 for the 15 month visit, and $30 for the 24 month (for a total of $90). For the visits in the (Center/Univers we will pay you $25 at 15 months, $30 at 25 months, and $35 at 36 months. If your child is in child care, the caregiver will be paid $40 for each visit. In addition to the cash payments, after the 36 month visit, we will give you a videotape of your child. At the end of the project, we will give you a report of our overall findings.

We believe that your family and others will benefit from this study. In the past, families have told us that they enjoyed the videotaped interactions. They tell us that they think the questionnaires are interesting and fun to complete. We also expect that you and other families will be interested in what we learn about young children growing up in the 1990s.

We do not see any risks associated with your participation in this project. You may withdraw from this study at any time. The identity of you and your child will be confidential. However, we are required to report incidence of child abuse\neglect as defined by state law. All information collected about your family will be given a code number. The list that matches code numbers with names will be kept in a locked place separate from the data. The only people who will be allowed to see the information will be the project staff members at the (INSERT LOCATION NAME) and members of the Study staff.

The videotapes of your family will be used mainly for research purposes. Also, they may be used to train graduate students. Your last name will be confidential at all times. The tapes will be under the control of the project staff at the (INSERT LOCATION NAME) or members of the Study staff and may be used for research purposes for many years to come. They will not be used for any other purpose without your written consent.

If you have questions about this project, please feel free to call me at (INSERT APPROPRIATE PHONE NUMBERS).

Thank you,

PRINCIPAL INVESTIGATOR

I,

______________________________________________________________,
have read the above and decide to participate in the research project as described. My signature indicates that I have received a copy of this consent form.

____________________________ ____________________________
Signature (Date)

____________________________ ____________________________
Signature of Investigator\ (Phone)
Person Obtaining Consent

### B. Alternative #2

#### 1. Information For Parents

The purpose of this project is to learn more about children and their families during the first three years of life. We are interested in how home and child care experiences contribute to child development. The (INSERT LOCATION NAME) project is part of a national study being done in ten cities. Funding for this project comes from the National Institute of Child Health and Human Development.

Your family has been selected to be in this study. If you decide to take part, someone from (INSERT LOCATION NAME) will be in contact with your family from now until your baby is 3 years old. We will want to visit with you and observe your child in a variety of situations to learn how children's experiences affect their development.

For your family

We believe that your family and others will benefit from this study. In the past, families have told us that they enjoyed our interviews and observations. They think the questionnaires are interesting and fun to complete. Also, many parents are interested in what we learn about young children growing up today.

There will be cash payments at each of the visits. In addition when your baby is 3 years old, we will give you an edited videotape of your child at 6, 15, 24 and 36 months of age. At the end of the project, we will give you a report of our findings.

About our visits

Attached to the end of this form is a timetable which will tell you when we hope to visit with you and your child, what the visits will involve, how long the visits will take, and how much we will pay you for the visits.

Before each visit, we will give you complete information about what we plan to do on that visit. All visits will be scheduled at a time convenient to you and your family. You will be able to refuse to answer any questions that we ask you and you will be able to ask us questions at any time. You may withdraw from this study at any time without penalty.

If your child is in any type of regular child care for more than 10 hours per week, we would like to observe your child for part of a day in whatever situation you have selected. The purpose of these visits is to learn more about children's experiences. These visits will take place when your baby is 6, 9, 20, and 36 months old. In signing this form, you are giving your permission for us to observe your child in child care. We will also talk with the caregiver and get the caregiver's consent. We will pay the caregiver or the Director in that childcare setting $40 for each visit.

## About your privacy

Your identity and your child's identity will be confidential. All information collected about your family will be given a code number. The list that matches code numbers with names will be kept in a locked place separate from the data. The only people who will be allowed to see the information will be the project staff members at (INSERT LOCATION NAME) or members of the national study staff.

When we use audio or videotapes of your family, it will be only for research or training purposes. Your last name will be confidential at all times. The tapes will be under the control of the project staff at (INSERT LOCATION NAME) or members of the national study staff. They will not be used for any other purpose without your written consent.

## For your questions

Should you have any questions now or at any time about this project, please feel free to ask the interviewer or to call the Principal Investigator, (INSERT LIST OF SENIOR STAFF AT SITE WITH THEIR RESPECTIVE PHONE NUMBERS.)

## 2. Time Table

One month When your baby is one month old, two members of our team will visit you in your home at a time convenient to you and your family. We will ask you about your child. We will also ask you about the stresses and supports in your life, about your attitudes toward childrearing, about your experiences, about the choices you have made, and about your relationships with other people. This visit will take about two and a half hours. [Sites will differ here.] For this visit, we will pay you $15.

Six months At six months, we will visit your baby and you in your home for about two hour. We will ask you about how your baby is doing, about the stresses and supports in your life, and about your experiences as a parent, and about any changes that may have occurred since our last visit. We will be observing your baby's behavior during our visit. We will also make a short videotape of your child playing. For this visit, we will pay you $20.

Fifteen months When your child is 15 months old, we will visit in your home, and ask you questions similar to those asked at the 1 and 6 month home visit. We will also videotape your child playing.

At this time, we will also invite you to the (INSERT LOCATION NAME). There we will observe your child's language, thinking and social skills. We will videotape you and your child playing together in the lab, and we will ask you to leave your child for about three minutes to go behind a one-way mirror. You will be able to see your child at all times, and you will be able to return to your child whenever you like. The entire lab visit will take about one hour. If at any time you feel uncomfortable, you are free to end the visit. We will reimburse you for mileage and we will provide parking adjacent to the lab, or we can provide transportation for you to and from the lab. We can also provide on-site babysitting for your other children, if that would be helpful.

For these two visits, we will pay you $50.

Twenty-four months Procedures at this time will be very similar to those at 15 months. For these two visits we'll pay you $60.

Thirty-six months At this time we again ask you to come into the Infant Laboratories. For this visit, we will pay you $35.

Telephone contacts Every three months, we will telephone you and ask about your health, your child's health, your child care arrangements, and how you spend your time. These phone calls will take about 15 to 20 minutes, and we will arrange to do them at a time convenient to your family's schedule.

(On Letterhead)

## Informed Consent Form
## The NICHD Study of Early Child Care

I, ________________________________ , have read the information above and agree to participate in the research project. I understand that I will receive a copy of this form.

| | |
|---|---|
| Signature | Date |
| Signature of Investigator/<br>Person Obtaining Consent | Date |

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## IX. INFORMED CONSENT HHS STUDY

### A. Father

### Father Consent Form
### National Study of Young children's Lives

You are invited to participate in a study of children and their families during the first three years of life. We are interested in how home and child care experiences may contribute to child development. We have been funded by the National Institute of Child Health and Human Development to do this five year study as part of a research network involving nine other groups of investigators across the country.

Your family has been selected to be in this study because you have and infant born during 1991. If you decide to take part, you and your child will be visited in your home for about 30 minutes when your child is 1, 6, 15, and 24 months old, at a time convenient for you. The observer will make written notes during each visit. During the visits, we will ask you to fill out some questionnaires asking about your life stresses and supports, attitudes, psychological characteristics, marital relationships, and your child. At any time, you have the right not to answer a question or to stop the interview.

At one month, we will make a 20- minute videotape of you and your wife/partner playing with your baby.

When your child is 15, 24 and 36 months old, we will invite you, your wife/partner, and the child to the (INSERT LOCATION NAME.) We would like to make a 20-minute videotape of your child playing with you and your wife/partner.

In addition, we will provide transportation or reimburse you for mileage and parking, and will provide on-site babysitting for your other children.

In appreciation for your time during the home visits, we will pay you $15 for the one month visit, $20 for the six month visit, $25 for the 15 month visit, and $30 for the 24 month visit (for a total of $90). For the visits in our (Center/University), we will pay you $25 at 15 months, $30 at 24 months, and $35 at 36 months. If your child is in child care, the caregiver will be paid $40 for each visit. In addition to the cash payments, after the 36 month visit, we will give you a videotape of your child. At the end of the project, we will give you a report of our overall findings.

We believe that your family and others will benefit from this study. In the past, families have told us that they enjoyed the videotaped interactions. They tell us that they think the questionnaires are interesting and fun to complete. We also expect that you and other families will be interested in what we learn about young children growing up in the 1990s.

We don not see any risks associated with your participation in this project. You may withdraw from this study at any time. The identity of you and your child will be confidential. However, we are required to report incidence of child abuse/neglect as defined by state law. All information collected about your family will be given a code number. The list that matches code numbers with names will be kept in a locked place separate from the data. The only people who will be allowed to see the information will be the project staff members at the University of Wisconsin and members of the National Study staff.

The videotapes of you family will be used mainly for research purposes. Also,they may be used to train graduate students. Your last name will be confidential at all times. The tapes will be under the control of the project staff at the (INSERT LOCATION NAME) or members of the National Study staff and may be used for research purposes for many years to come. They will not be used for any other purpose without your written consent.

If you have questions about this project, please feel free to call me at (INSERT PHONE NUMBERS).

Thank you,

PRINCIPAL INVESTIGATOR

I,

__________________________________________________________,
have read the above and decide to participate in the research project as described. My signature indicates that I have receive a copy of this consent form.

| | |
|---|---|
| Father/Partner Signature | (Date) |
| Signature of Investigator/<br>Person Obtaining Consent | (Phone) |

## B. Mother

### Mother Consent Form
### (Whose Husband/Partner is Participating)
### The NICHD Study of Young children's Lives

You are invited to participate in a study of children and their families during the first three years of life. We are interested in how home and child care experiences may contribute to child development. we have been funded by the National Institute of Child Health and Human Development to do this five year study as part of a research network involving nine other groups of investigators across the country.

Your family has been selected to be in this study because you have and infant born during 1991. If you decide to take part, you and your child will be visited in your home for about two hours when your child is 1, 6, 15 and 24 months old, at a time convenient for you. The observer will make written notes during each visit. During the visits, we will ask you to fill out some questionnaires asking about your life stresses and supports, attitudes, psychological characteristics, marital relationships, and your child. At any time, you have the right not to answer a question or to stop the interview.

At one month, we will make a 20-minute videotape of you and your husband/partner talking about issues of interest to new parents. At six months, we will also make a 20-minute videotape of you and your husband/partner playing with your baby.

Every three months, we will telephone you and ask about your health, your child's health, child care arrangements, and time use. These phone calls will take approximately 15 minutes. At any time, you are free not to answer a question.

If you decide to work outside the home, we would like to observe your child in whatever care you have selected. We will ask you to tell your child's caregiver about this study. We will also talk with the caregiver and get his/her consent. In signing this form, you are giving your permission for us to observe in your child's day care. A copy of this consent form will be shown to the caregiver to document your permission for us to observe your child.

When your child is 15, 24, and 36 months old, we will invite you and your child to the (INSERT LOCATION NAME). Each visit will last about two hours. We will observe your child's language, intellectual, and social skills. We will videotape you and your child playing together, and we will ask you to leave him/her briefly.

At the end of this office visit or at another time convenient to you, we would like to make a 20-minute videotape of your child playing with you and your husband/partner similar to those at the one month visit. These questions will take approximately 30 minutes.

In addition, we will provide transportation or reimburse you for mileage and parking, and will provide on-site babysitting for your other children.

In appreciation for your time during the home visits, we will pay you $15 for the one month visit, $20 for the six month visit, $25 for the 15 month visit, and $30 for the 24 month visit (for a total of $90). For the visits in our (Center/University), we will pay you $25 at 15 months, $30 at 24 months, and $35 at 36 months. If your child is in child care, the caregiver will be paid $40 for each visit. In addition to the cash payments, after the 36 month visit, we will give you a videotape of your child. At the end of the project, we will give you a report of our overall findings.

We believe that your family and others will benefit from this study. In the past, families have told us that they enjoyed the videotaped interactions. They will us that they think the questionnaires are interesting and fun to complete. We also expect that you and other families will be interested in what we learn about young children growing up in the 1990s.

We do not see any risks associated with your participation in this project. You may withdraw from this study at any time. The identify of you and your child will be confidential. However, we are required to report incidence of child abuse/neglect as defined by state law. All information collected about your family will be given a code number. The list that matches code numbers with names will be kept in a locked place separate from the data. The only people who will be allowed to see the information will be the project staff members at the (INSERT LOCATION NAME) and members of the Study staff.

The videotapes of your family will be used mainly for research purposes. Also, they may be used to train graduate students. Your last name will be confidential at all times. The tapes will be under the control of the project staff at the (INSERT LOCATION NAME) or members of the Study staff and may be used to research purposes for many years to come. They will not be used for any other purpose without your written consent.

If you have questions about this project, please feel free to call me at (INSERT PHONE NUMBERS).

Thank you,

PRINCIPAL INVESTIGATOR

I,

______________________________________________________________,
have read the above and decide to participate in the research project as described. My signature indicates that I have received a copy of this consent form.

| | |
|---|---|
| ______________________________<br>Signature | ______________________________<br>(Date) |
| ______________________________<br>Signature of Investigator/ Person Obtaining Consent | ______________________________<br>(Phone) |

## X. APPENDIX

A. Form 1C - Two Week Call List
B. Form 1D - Two Week Phone Call Work-Sheet

# THE NICHD STUDY OF EARLY CHILD CARE
## TWO-WEEK CALL LIST
## COMMON PROTOCOL

SITE = 7 WASHINGTON STATE

| | PHONE CALL I DATE RESULT | PHONE CALL II DATE RESULT | PHONE CALL III DATE RESULT | DATE OF 1-MONTH | REFUSA CODE |
|---|---|---|---|---|---|
| ID=730005 | | | | | |

Exclusions/Refusal Codes:

1. Baby in hospital more than 7 days
2. Less than 18 years of age
3. Moving within 3 years
4. Too busy
5. Study is too long
6. Lab's too far away
7. Doesn't want to come to lab
8. Doesn't want anyone to come to home
9. Husband objects
10. Uncomfortable giving family information
11. Objects to participating in research study
12. Not interested in this topic
13. Not enough compensation
14. Timed-out
15. Didn't call
16. Other (specify) ______________________

m 1C

Program: 01A by ls 18JAN91

BEST COPY AVAILABLE

## THE NICHD STUDY OF EARLY CHILD CARE

## TWO WEEK PHONE CALL WORK-SHEET

| | | | |
|---|---|---|---|
| ID# | | PHONE # (H) | |
| | | (W) | |
| MOTHER'S NAME | | ADDRESS | |
| FATHER'S NAME | | CITY/STATE | |
| BABY'S NAME | M/F | ZIP CODE | |

| | | | |
|---|---|---|---|
| DOB | | DATE HOME | |

TIME TO CONFIRM

OTHERS PRESENT DURING VISIT

| DATE | TIME | RESULT AND COMMENTS |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

SCHEDULED VISIT (DATE AND TIME)

INELIGIBLE (REASON)

REFUSED(CIRCLE REASON) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

DIRECTIONS TO FAMILY'S HOME:

PARKING:

| | | | |
|---|---|---|---|
| HOSP. RECRUITER | | SCHEDULER | |
| PHONE CALLER(S) | | VISITOR(S) | |

Form 1D Revision 01/23/91

## THE NICHD STUDY OF EARLY CHILD CARE

## TWO WEEK PHONE CALL WORK-SHEET

ID# ____________________ PHONE # (H) ____________________

(W) ____________________

MOTHER'S NAME ____________________ ADDRESS ____________________

FATHER'S NAME ____________________ CITY/STATE ____________________

BABY'S NAME __________ M/F ______ ZIP CODE ____________________

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

DOB ____________________ DATE HOME ____________________

TIME TO CONFIRM ________________________________________

OTHERS PRESENT DURING VISIT ________________________________________

DATE TIME RESULT AND COMMENTS

1. ________________________________________

2. ________________________________________

3. ________________________________________

4. ________________________________________

5. ________________________________________

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

SCHEDULED VISIT (DATE AND TIME) ________________________________________

INELIGIBLE (REASON) ________________________________________

REFUSED(CIRCLE REASON) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

DIRECTIONS TO FAMILY'S HOME: ________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

PARKING: ________________________________________

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

HOSP. RECRUITER ____________________ SCHEDULER ____________________

PHONE CALLER(S) ____________________ VISITOR(S) ____________________

## THE NICHD STUDY OF EARLY CHILD CARE

## TWO WEEK PHONE CALL WORK-SHEET

ID# ____________________ PHONE # (H) ____________________

(W) ____________________

MOTHER'S NAME ____________________ ADDRESS ____________________

FATHER'S NAME ____________________ CITY/STATE ____________________

BABY'S NAME __________ M/F ______ ZIP CODE ____________________

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

DOB ____________________ DATE HOME ____________________

TIME TO CONFIRM ________________________________________

OTHERS PRESENT DURING VISIT ________________________________________

DATE TIME RESULT AND COMMENTS

1. ________________________________________

2. ________________________________________

3. ________________________________________

4. ________________________________________

5. ________________________________________

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SCHEDULED VISIT (DATE AND TIME) ________________________________________

INELIGIBLE (REASON) ________________________________________

REFUSED(CIRCLE REASON) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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DIRECTIONS TO FAMILY'S HOME: ________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

PARKING: ________________________________________

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

HOSP. RECRUITER ____________ SCHEDULER ____________________

PHONE CALLER(S) ____________________ VISITOR(S) ____________________

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## GESTATIONAL AGE

| ID NUMBER | | | | | | REL |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 |

1. Was BABY born on time? Y N

2. If no, how many days early or late?

| Days Early | | Days Late | |
|---|---|---|---|
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

3. What was BABY's birth date?

| Month | | Day | | Year | |
|---|---|---|---|---|---|
| | | | | 199 | |
| 0 | 0 | 0 | 0 | | 0 |
| 1 | 1 | 1 | 1 | | 1 |
| | 2 | 2 | 2 | | 2 |
| | 3 | 3 | 3 | | 3 |
| | 4 | | 4 | | 4 |
| | 5 | | 5 | | 5 |
| | 6 | | 6 | | 6 |
| | 7 | | 7 | | 7 |
| | 8 | | 8 | | 8 |
| | 9 | | 9 | | 9 |

4. What was your due date?
CODE "00" IN MONTH COLUMN FOR "DON'T KNOW".

| Month | | Day | | Year | |
|---|---|---|---|---|---|
| | | | | 199 | |
| 0 | 0 | 0 | 0 | | 0 |
| 1 | 1 | 1 | 1 | | 1 |
| | 2 | 2 | 2 | | 2 |
| | 3 | 3 | 3 | | 3 |
| | 4 | | 4 | | 4 |
| | 5 | | 5 | | 5 |
| | 6 | | 6 | | 6 |
| | 7 | | 7 | | 7 |
| | 8 | | 8 | | 8 |
| | 9 | | 9 | | 9 |

ASK FOLLOWING QUESTION ONLY IF MOTHER DOES NOT KNOW DUE DATE OR IS UNSURE ABOUT "EARLY" OR "LATE" BIRTH.

5. Do you remember the date of your last menstrual period? (First day) Y N

| Month | | Day | | Year | |
|---|---|---|---|---|---|
| | | | | 199 | |
| 0 | 0 | 0 | 0 | | 0 |
| 1 | 1 | 1 | 1 | | 1 |
| | 2 | 2 | 2 | | 2 |
| | 3 | 3 | 3 | | 3 |
| | 4 | | 4 | | 4 |
| | 5 | | 5 | | 5 |
| | 6 | | 6 | | 6 |
| | 7 | | 7 | | 7 |
| | 8 | | 8 | | 8 |
| | 9 | | 9 | | 9 |

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# Chapter 6

## Section 1

## OPERATIONS GUIDE FOR THE ONE-MONTH HOME VISIT

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Responsibility for this manual was assumed by the Steering Subcommittee for the One-Month Materials: Marsha Weinraub, Martha Cox, Marion O'Brien, Aletha Huston, and Nancy Marshall. Many sites played a significant role in shaping this document. The University of Wisconsin site (Sherri Hembree, Deborah Vandell) supplied the appendix on child abuse; Temple University (Nancy Becker) and Wellesley (Nancy Marshall) contributed the safety information; University of Arkansas (Judith Brisbee) provided the IHDP forms which were then adapted; and Wellesley (Nancy Marshall and Wendy Wagner Robeson) assumed major responsibility for the training section. A number of suggestions for interviewing were adapted from the manual accompanying Bettye Caldwell's HOME instrument, and many suggestions for standardized interviewing were taken from Fowler and Mangione's Standardized Survey Interviewing (Applied Social Research Methods Series, Volume 18, Sage Publications, 1990). Nancy Marshall's meticulous comments and suggestions at all phases of this document were invaluable, as were those of Deborah Vandell. Chris Payne, at the Western Carolina site, made many important organizational suggestions. Important suggestions and valuable standby support were provided by Jean Kelly at the University of Washington and Nancy Becker Hahn at Temple University. Most important, Lyz Jaeger at the Temple site played a significant role in the conceptualization and writing and rewriting of this manual.

# Chapter 6

## Section 1

## OPERATIONS GUIDE FOR THE ONE-MONTH HOME VISIT

### I. INTRODUCTION

This Section contains information about procedures and practices important to the Common Protocol's One-Month Home Visit. It is a manual "in process," and will be modified and amended as we continue through training and data collection. It will serve as the set of procedures to guide data collection as well as the historical record of our procedures. It should be read by all team members involved in the One-Month Home Interview and reviewed every two weeks by all interviewers to prevent "measurement drift." Amendments and suggested revisions should be addressed to Marsha Weinraub at the Temple site and Kaye Fendt at the Data Coordinating Center (DCC).

In developing Common Protocol procedural rules, we have tried to be as liberal as possible, allowing for as much site variation as we believe the study can tolerate. Sites will come upon a variety of unexpected situations, vacation schedules, and changes in personnel. It will be necessary for sites to make a number of individual decisions in order to meet data collection schedules while conforming to the Common Protocol. Within-site rules can be more restrictive; they cannot be more liberal than the rules listed here.

All forms and materials necessary for common protocol procedures that are referred to in this manual will be prepared by the Data Coordinating Unit. Rough drafts of some of these materials are included in the appendices of this guide.

## II. GENERAL CONSIDERATIONS FOR THE ONE-MONTH VISIT

### A. Your Role as a Visitor

As a home visitor, your main objective is to obtain accurate, reliable information in the most pleasant way possible. Home visitors must balance their professional role and objectives with their role of being a friendly, respectful guest in someone's home. Unlike the typical lab setting, many unexpected things arise in the home that require flexibility on the part of the visitor. Your flexibility conveys your respect for the person and the way they do things in their home. Your flexibility and openness, however, should in no way compromise your professional agenda. The tone of the home visit is that of a friendly, relaxed yet professional visit.

There are several ways that you can prepare yourself for this role. First, become totally familiar with the protocol. This familiarity will make you comfortable enough to be flexible and also will help keep your professional agenda in mind as you accommodate to the unique circumstances facing you. Second, become familiar with one-month-old babies and the kinds of issues mothers are concerned with at this time. Third, you can dress the part: wear casual, yet professional clothes (no suits or jeans). Fourth, continually examine for yourself any situations that arise which prevent you from feeling totally comfortable with your role. Discuss these with your PI or site coordinator and see if there is a better way to deal with such situations in the future.

### B. About Babies

It is likely that the one-month-old will be present and awake at the time of the interview. It is important for the Visitor to be comfortable with young babies and knowledgeable about their ways. Reading up a little extra on newborns and young babies, as well as on the topics of labor, delivery, and postpartum care for mothers is a good idea for most Visitors, if only to refresh the Visitors' memories of this early period. Site Directors can often recommend good reading materials.

Here we present a few crucial points, especially for those Visitors less familiar with very young babies. First, as soon as you see the baby, notice and comment on something positive about this child to the mother. Not saying anything is sometimes taken as a slight; saying something honestly nice is easy to do about even the most difficult babies. Be careful not to overdo it or to say anything judgmental that could be taken as negative -- even an innocent comment can stay in the mother's mind for a long time. Second, remember that if you give the baby a bottle, be sure that it is tipped so that the nipple is full with the liquid when it is in the baby's mouth; if the nipple has air in it, the baby will swallow air and be uncomfortable; do burp the baby after feeding. Third, if you feel that you may be contagious with any illness, be sure to reschedule or find a substitute. Even if you think that you are not contagious, mothers will not appreciate your coughing and sneezing around the newborn baby. Finally, Visitors may find it helpful to find one-month-old babies that they can spend time around in order to become more familiar with babies this age.

### C. When the Mother Reveals Personal Problems

Occasionally, in a mother's eagerness to talk, she makes an implied or direct appeal for help with her own personal problems. Sometimes, mothers can talk for so long about their problems that there may not be time to attend to the interview. The Visitor should be careful about feeling that she must handle these problems or solve them for the mother. The Visitor might say something like "*I can understand your being upset (or concerned) about that. When we finish discussing the interview, maybe we can talk about it more.*"

Each site may want to develop its own resource list to meet the needs of its families on a case-by-case basis. The list may include the following information:

Helpful books on parenting and development
Fun things to do with your kid
Child-care services
Child-development services
Health services
Parenting-support services
Crisis intervention
Substance-abuse services

Although sites may have these lists of community resources for office use, we will not routinely give mothers any information concerning resources. This may constitute an intervention. For example, if the list contained information about "Fun Things to Do With Your Kids," we may subtly be encouraging mothers to behave in certain ways with their children. If the mother requests this information, however, we do have a responsibility to be reasonably trained to provide information about available resources.

Researchers at each site should be relatively familiar with the services that are available to parents in their area. If a situation arises in which a mother requests information or some type of referral, the researcher may say something like, "*I can see that you would like help. I am not (trained) (in a position) to help you, but perhaps you would like me to talk with Dr.----,* *our Director, and s/he will know of someone that could be of help to you."* Immediately after the visit is completed, document the mother's concerns and requests on the Visitor's Interview Report Form (see Appendix C) and discuss the situation with your Study Coordinator (SC) and/or Principle Investigator (PI). Get back to the mother as promptly as possible with the appropriate information. If it seems appropriate to have your PI or SC speak with the mother, the Visitor should ask if the mother would like the Director to call.

Each site should keep a record of the kind of information distributed to a particular parent and what impact, if any, this had on the family's life, if known. (This can also be recorded on the Interviewer Report Form.)

### D. When the Visitor Observes Family Difficulties

A more serious and difficult problem arises when something is revealed at the home visit that suggests that the baby (or mother) is in "jeopardy." (See Principle 9 of the "SRCD Ethical Standards for Research with Children", Appendix H.) For example, you may suspect some form of child abuse. Prior to conducting any home visits, the Visitor should become familiar with indicators of child abuse and the laws governing reporting this to the authorities in your state. You should immediately report to your PI what you saw or that you have suspicions of abuse despite hard evidence. A list of indicators and definitions of child abuse, prepared by the Wisconsin site, is included in Appendix A.

## III. GENERAL INSTRUCTIONS FOR INTERVIEWING

In administering this protocol, a successful visit depends upon the Interviewer's attention to two major concerns: establishing the appropriate context for the one-month interview and minimizing interviewer-related error in the data collected. These two concerns correspond to the two aspects of the Home Interviewer's role, that of a friendly visitor and a professional interviewer. In this section are some general principles as to how an Interviewer can address these concerns. Some of our comments are taken from Chapter 7 "General Instructions" of the HOME. Visitors are urged to read this chapter thoroughly, because it contains a great deal of helpful information about interviewing families in their homes and helping families to feel at ease. Comments regarding specific interviewing techniques and the minimization of interviewer-related error are taken from Fowler Jr., F. and Mangione, T. (1990) Standardized Survey Interviewing: Minimizing Interviewer-Related Error. Sage Publications, Applied Social Research Methods Series, v. 18: Newbury Park, CA.

### A. The Key to a Successful Interview

As much as possible, the One-Month Home Interview should be pleasant and satisfying for the families. In this regard, it is helpful for you to see this as a friendly visit. The Visitor must be as relaxed as possible and try to help the mother feel relaxed as well. On first entering the home, spend a few minutes just chatting. *"How have you been?"* may be reasonable to ask, or you may discuss any other topic of common interest (e.g., the weather). Making positive comments about the house, children, pets are all things that make people feel more relaxed and positive toward you. In other words, be a polite, friendly visitor to the home, showing you are interested in the family, as people, as well as in the information that they can provide.

### B. A Conversational Tone

As much as possible, have the interview sound like a conversation. Because this is a structured interview, a conversational style is not an easy thing to achieve. The best way to achieve this is to establish a relaxed pace; avoid an overly clipped, rapid-fire style of question delivery. Be totally familiar with the questions and know what you're going to ask so you don't have the awkward problem of always "finding your place."

Show interest and positive attention to the mother. Look at the mother as she answers, nod, don't just look down for where to record the answer. Be careful, however, to avoid using terms such as "*That's fine*," "*Good*," or "*Okay*" after the mother completes an answer. Even seemingly innocuous statements after the mother says something may subtly reinforce particular types of answers.

If the mother elaborates on something when you really only need a brief answer, say something polite like, "*Yes, I see what you mean, I think I've got what I need here.*" If she goes on and on and it's becoming a problem, say "*You're giving me a lot of information, but I'm afraid I'll take up too much of your time, so I'll try to let you know when I've got enough so we can move on.*" Then, let her know that you have enough information and that you need to go to the next question. Since this isn't an open-ended interview (although some questions do allow for more open-ended responses), this probably won't be a big problem, but you don't want people to feel cut off. This must be handled delicately.

Even though you are trying to establish a conversational tone, you must avoid sharing personal information. By sharing such information, you may inadvertently establish certain response biases in the mother as she assesses what your values may be. The reliability and validity of the data depend upon the interviewer being able to establish an interpersonally neutral atmosphere. Making evaluative statements after the mother answers a particular question or sharing personal information with her are two major ways that an interviewer can introduce bias into the data collected.

### C. The Importance of the Mother's Contribution

Be sure to emphasize at some point during the visit the importance of the mother's contribution, how worthwhile and important the research is, and how much the mother's time is appreciated. This is often a good thing to do as you are leaving, if it hasn't come up before. Say something like, "*We really appreciate your time. This research is important to* *understanding how children develop, so we appreciate that you are willing to help us with this."*

### D. Informing the Mother of Her Role

Fowler and Mangione (1990) believe that one of the most critical aspects to a successful interview is "training the respondent." In other words, the Interviewer lets the mother know from the outset what is expected of her in this situation. In addition, when the mother deviates from the way that we would like her to answer our questions, Fowler and Mangione (1990) suggest specific prompts to remind the mother of her role in this situation (see probing below). Immediately before beginning the interview questions, tell the mother what you will be doing and what you would like from her (see Section IV.E, Administering the One-Month Protocol). Also feel free during the course of the interview to "step out of the interview" to "train" the mother when necessary. Mothers are likely to feel most comfortable with the interview situation when they know what we want from them.

### E. Standardized Interviewing Techniques

The preceding four sections dealt with how to establish a friendly, yet interpersonally neutral, context for conducting the interview. The following points pertain to specific interviewing techniques which minimize interviewer-related error in data collection. It is impossible to eliminate error entirely. However, by following the techniques outlined below as closely as possible, we will greatly minimize interviewer-related error.

### 1. Read the Questions Exactly as Worded

Even though you might find this to be awkward, this is critical to maintaining standardization across interviewers at all ten sites. If the wording of questions is changed by interviewers in even the slightest way, the researchers can never be entirely sure what question the mother was answering.

The only exception to this rule is when the interviewer feels that reading the question exactly as worded will compromise rapport. In this situation, the interviewer may slightly rephrase the question so long as the same words are used as in the original question. For example, based on initial piloting several interviewers felt silly or awkward asking the mother, "*Are you breastfeeding BABY?*", when the mother was actually breastfeeding at that moment. The Interviewer may feel free in this situation to rephrase the question in a confirmatory manner. For example, "*So you are breastfeeding BABY?*" is perfectly acceptable in this situation. Asking the mother, "*So you are nursing BABY?*", would be unacceptable because it changes the basic wording of the question.

While asking a confirmatory question may seem unnecessary in the breastfeeding example, most other questions are not that clear-cut. The HABIT of confirming ensures that no question is accidentally skipped.

Each interviewer will have to decide when to "bend" the principle of "reading questions exactly as written." So long as the wording of the question is not drastically altered, no points should be taken off for this when scoring reliability (see Appendix E, Interviewer Monitoring Form). We suggest, however, that interviewers be as prudent as possible when making this decision because of the implication that changing questions has for increasing interviewer-related error in the data.

### a. Example: Asking the obvious

Interviewer A. When Interviewer A came to the breastfeeding question and the mother was engaged in doing just that, she handled it in the following way. She looked directly at the mother, smiled and laughed a little, nodded to the mother and asked the question exactly as worded. This interviewer reported that so long as she is relaxed and comfortable with the interview, the mother also feels comfortable and does not seem to be offended or feel silly or awkward about answering questions such as these. When asking these questions, it is important to let the mother know that you are "on her side." Through actions and mannerisms, the interviewer acknowledges that the mother's answer to the question may seem obvious, but the question needs to be asked anyway.

Interviewer B handled this question simply by saying, "*and you are breastfeeding baby?*" (without the usual rising voice intonation.) Both approaches are considered acceptable.

**b. Example: Asking a question to which the interviewer already knows the answer**

It often occurs that the interviewer has already learned that the mother/father is self-employed prior to the moment in the interview where this question is supposed to be asked. Interviewer A handled it like this. She said "*Sometimes we have a question which doesn't exactly fit the situation, but I need to ask you just for the record. Who is his employer?*" She reports that so far, she has not had any mothers who seemed offended by even the most obvious questions. Most mothers have laughed and smiled along with her. She feels that these types of shared situations serve to build rapport, because it reminds the mother that both the interviewer and mother are engaged in a joint task.

Interviewer B, on the other hand, simply said, "*And you are self employed?*"

Again, both approaches are considered acceptable. Which approach is selected depends on the interviewer's style, the mother, and the specific situation.

### 2. Avoid Offering Interpretations of Questions or Specific Words

Unless every interviewer were to use exactly the same alternate phrasing or definitions, offering interpretations or definitions also introduces unknown variability into the procedures. However, this is an ideal we want to strive for; in the interest of getting complete data and maintaining rapport, we may occasionally have to clarify a question or define a word when the mother is unfamiliar with the vocabulary.

a. If a mother asks for clarification of a word or the meaning of a question and this has been defined in the Administration Manual, you may rephrase the question using the definition in the Administration Manual or give her the definition to help her answer the question. For example, if the mother asks, "*What counts as separated?*" in regard to marital status, you can tell her that it means that she is married but that she and her husband are not currently living together by choice. It is vitally important that interviewers brush up on these definitions by reviewing the Administration Manual on a regular basis.

b. If the mother asks for clarification of a question or phrase which has not been defined in the administration manual, the interviewer should not try to interpret the meaning of the question. Instead the interviewer should first try repeating the question, perhaps with a slight change in intonation. The question should be read in its entirety with an emphasis on the words that it seems that the mother may have missed. If the mother still asks for further clarification, and the meaning of the question has not been defined for you in the Administration Manual, say something like the following (these statements also appear in the Administration Manual):

*"I see your problem with this question. Even though these questions are carefully tested, sometimes we have one that is not quite clear to some people or which doesn't quite fit everyone's situation. We need to get mothers' best answer to the question, as it is written. That way, we can compare your answers with other mothers'...Let me read the question again and you give me the best, most accurate answer you can, given the way it was written."* (Fowler and Mangione, 1990, paraphrased, p. 51-52.)

c. If the mother asks for a definition of a particular word, the interviewer may give one in certain cases even if it is not defined in the Administration Manual. If the mother simply does not know the meaning of a vocabulary word, you may offer her the definition. For example, if a mother does not know what a "tantrum" is, you can tell her that it means a fit of bad temper (the dictionary definition).

When you do define a word for the mother, keep your definitions short. In our experience, the more explaining you do, the more likely you are to get in over your head.

If you choose to define a term for a mother, record the definition you used on the Questionnaire Log if it is a questionnaire item (see Appendix B) or on the Visitor's Interview Report Form if it is an interview question (see Appendix C). If you find that you frequently have to define the same word for different mothers, try to use the same definition. In addition, share this information with other interviewers at your site so that you can all try to be consistent in how you are defining terms.

An interviewer may NOT define the meaning of a word or phrase for a mother when the word is, or the phrase includes, an adjective or adverb. For example, if the mother asks how you would distinguish good or excellent health, you may not define this for her. Another example is if the mother tells you that she is usually very satisfied with her job but that occasionally she also experiences dissatisfaction and then asks, "*Would that be somewhat satisfied?*", you should not answer the question for her. In addition, you would not want to define terms like "vigorously cries." A good rule of thumb is that if it is at all possible for mothers (and for you) to define the meaning of a term differently based on differences in subjective experience, do not define the term. Instead, you may say something like the following: "*In this situation we're interested in what this word means to you. Let me repeat the question...*"

d. Sometimes mothers answer a question partially or not at all and then say, "*Does that count?*" In these situations, the interviewer might want to say "*Anything you have to tell me is important.*" Depending on the mother's answer, the interviewer may want to repeat the question.

e. If the mother is hesitant about answering the question because she interprets it in more than one way, you may want to write down verbatim her interpretations and how she would respond to each interpretation. This will show the mother that you consider her the expert and that you understand her confusion. How the mother's answer should be coded will be decided by consulting the other interviewers at your site, your study coordinator and in more difficult cases, by your PI. If a resolution can not be reached within your site, the question should be addressed to Marsha Weinraub.

### 3. Always Probe Responses in a Nondirective Way

Fowler and Mangione (1990) suggest the following methods:

#### a. Probing closed questions

When a respondent provides an answer that does not fit pre-existing response categories, the interviewer should explain to the mother that it is necessary that she pick one answer so that her responses can be compared to those of other mothers in the study. The interviewer then reads all of the alternative responses to the mother. If the mother still does not provide this type of answer, the interviewer should record exactly what she says and not decide for the mother what response category seems most appropriate. If the mother gives two answers which fit the response categories and you need to code only one response, you may ask her, "*Which answer comes closest to how you feel/ your experiences/ etc.?*"

#### b. Probing for numerical responses

Here interviewers must take exceptional care not to lead respondents. Never ask a question that can be answered with a "yes" or "no." Never suggest a particular range where the answer may fall. The simplest approach is to tell the mother that you need to get a specific value. If she says that she can only estimate, reassure her by stating something to the effect of, "*Well we would like it if you would make your very best estimate. Even though it may not be exactly right, no one is in a better position than you to make this estimate. Just do the best you can.*" (Fowler and Mangione, 1990, p. 52.)

If the mother offers two numerical answers which are both possible response categories, you can simply ask her, "*Which answer comes closest to how you feel/your experiences, etc.?*"

### c. Probing open-ended responses

To probe responses to open-ended questions, Fowler and Mangione (1990) suggest the following three probes be used. "*How do you mean that?*" is used when the respondent provides an unclear response. "*Tell me more about that*" should be asked when the answer is incomplete. "*Anything else?*" should be used even when a seemingly appropriate answer is given to make sure that additional points the respondent wants to make are heard. If the mother simply does not answer the question, repeat the question.

**d. Probing "I don't know" responses**

The first job of the interviewer is to determine the origin of the respondent's problem. If "I don't know" seems to be an answer the mother has given some attention to, it should be recorded this way. If the mother is just initially saying this to delay the response, give her a few seconds and then, perhaps, repeat the question for her. If the mother appears never to have thought about the issue before, encourage her to think about it for a second, reminding her that she is uniquely qualified to provide information on this topic. If necessary, repeat the question for her. If "I don't know" is given because the mother is unsure about the quality of the answer, remind her that there are no right or wrong answers to these questions and that her own best estimate is better than not having any information at all.

### 4. Record the Answers as They Are Given

Do not use your own discretion in choosing answers. To record answers to closed questions, check-off the category that the respondent has chosen. If the mother does not choose a category and your non-directive probing does not help, treat the response as though it were to an open-ended question regarding her opinions by writing down verbatim what the mother said. Sometimes in this situation it is helpful to "re-train" the mother for her role as interviewee. Explain to her that this question has predetermined categories and that you need her to give the answer which most accurately reflects her situation. Rapport, however, should not be compromised. If you feel that it would be pushing the mother to repeat the question or to train her, treat her response as though it were to an open-ended question. After the visit is completed, you will want to discuss how to code her response with other interviewers, your study coordinator, and your PI.

The following is a specific example of how to train the mother so that your coding is easier. It is based on an actual pilot mother.

I: (Question 18, Int 2A) "*How would you describe your health compared with other women your age? Would ...*"

S: "*Good.*"

I: "*This is one of those questions where I have a list of responses and I'd like to read you the list so that you can choose the one that fits your situation best.*"

S: "*O.K.*"

I: "*How would you describe your health compared with other women your age? Would you say your health is poor, fair, good, excellent?*"

S: "*Excellent.*"

If the question is open-ended and is asking for factual information (such as the household composition question), write down all information relevant to the question's objectives. It is not necessary to record this verbatim.

### 5. If the Mother Gives You Information Which Contradicts Earlier Answers.

If the mother gives you information which contradicts earlier answers she may have given you or information you gathered before or after the interview, the interviewer should step out of the interview to ask the mother for clarification. For example, the interviewer might say, "*I'm a little confused here. Earlier when we were discussing (fill in the blank) you said (blank). Am I missing something important here?*" If the interview has already ended, the interviewers should feel free to bring out the interview forms and re-ask the appropriate questions. Before taking out the interview forms, the interviewer may want to first probe non-directively, (e.g., "*Can you tell me more about that?*") to get the "big" picture so as to be sure to cover all of the relevant questions again.

### 6. When Mothers Have Negative Feelings About the Interview

Not all mothers will like every question that we have to ask her, either in interview or written form. If a mother expresses negativity about a particular item, you should be accepting of her opinion, but do not convey the impression that you think the question is stupid, trivial, or offensive. You may want to say something like, "*Some questions may not seem relevant to you or your lifestyle. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant issue. Please answer the question as well as you can.*" If she seems offended by a question, supportively remind the mother that she can refuse to answer any question that she wishes to.

### F. General Comments

It may seem that using the standardized interviewing techniques outlined above will be costly in terms of establishing rapport and a friendly tone to the visit. These techniques do not have to, and should not, interfere with our goal to provide a pleasant experience for the mother. The context in which the actual interview is embedded, i.e., what is said before, during, and after the interview, is most critical in setting a relaxed and friendly atmosphere. There is no particular script which each interviewer must adhere to for the opening part of the visit. Interviewers should also feel that they can "step out of" the interview at any time to maintain rapport. This is done by adapting to the mother's pace and the things (e.g., the baby) competing for her attention. In addition, interviewers should feel free to "train" the mother wherever is appropriate by explaining to her exactly what you need from her. Finally, if necessary, "bending" the rules as outlined in the preceding section should accommodate more resistant mothers.

While all questions should be read exactly as written, except where noted above, no two interviews will be exactly the same because the total context of the interview will be different in each case. For the purpose of minimizing interviewer-related error, all that is necessary is that the actual interview questions be read as written, with no or minimal interpretation, and that the interviewer always probe in a non-directive way and avoid all evaluative feedback. The goal for the interviewer is to become so familiar with these techniques that they become automatic. In this way, attention can be devoted to listening what the mother is saying and to responding to her concerns.

To establish and maintain rapport, it is also essential for the interviewer to be comfortable with administering the interview. If the wording of some questions seems awkward to you, practice saying these questions aloud until you feel comfortable with them. Sometimes it is difficult because the interview itself is not perfect. It is impossible to anticipate the concerns of all of the families in our study. To some mothers, the interview will be more difficult to administer than to other mothers. At times, the interviewer may feel that the information recorded on the actual forms is not a completely accurate reflection of the mother's circumstances. There are many important and unique circumstances that confront some families that the interview will not tap. Interviewers may find it helpful to think of the interview as a "person," with blemishes, flaws, and imperfections that need to be understood, accommodated to, and forgiven. The interviewer's job is to help the mother provide the best information to the questions as they are given. Important information not included in the interview may be entered into the Interview Report Form. Also, remember that we will be updating our information every three months, so don't worry if recent changes in family circumstances as reported in the interview do not fully reflect the family's more general situation. We will find this out in later assessments!

In conclusion, the most important job of the interviewer is to establish good rapport with the mother. In those cases where the mother does not appreciate your objectives as a researcher and is not responsive to your efforts to establish rapport while maintaining standardized interviewing techniques, bend the rules as necessary to maintain rapport. Through piloting we have discovered that most mothers are eager to cooperate with the interviewer and do their best job to be a "good" respondent.

## IV. CONDUCTING THE ONE-MONTH HOME VISIT

### A. Pre-Visit Preparation

Before going to the mother's home there are at least two things which should be done to prepare for the visit. First, the Visitor should check a map to make sure that the directions received from the mother are correct. Checking the map will also help Visitors plan the time they need to find the mother's home and to anticipate delays. Second, the Visitors should check that the appropriate information regarding the mother's and baby's names, address, phone number, and child's gender and date of birth are recorded on the one-month interview form. This information will be verified at the start of the one-month interview (see Administration Manual for the One-Month Home Visit).

### B. Getting Acquainted and Establishing Initial Rapport

Upon arrival at the mother's home, offer a friendly greeting, ask how everything is going, etc. For example, "*Hello (Mrs. Smith), I'm (Sue Darling) from the NICHD Study of Early Child Care at (Temple University). It's nice to see you again (if previously seen at hospital). I appreciate your letting me come out and visit with you today, especially since you must be pretty busy with your new baby. How has everything been going for you and (Lester)?...*"

If the baby is present, or if the mother asks you whether you'd like to see the baby, show appropriate interest and say something nice about the baby.

### C. Getting Down to Business

To administer the one-month protocol as efficiently and smoothly as possible, you will want to be able to minimize interruptions. Mothers will be told at the two-week phone call that we would like a comfortable and quiet place to do the interview. The Visitors should nevertheless be prepared to help minimize interruptions. Your first consideration, even before visiting the home, is to arrange, if at all possible, to have a second Visitor with you if the mother plans on having other children present. (If it is not possible to have another Visitor go along, ask the mother if she could have someone else available to watch the older children. Each site will want to decide if they can offer to pay for this extra child care during the home visit.) After entering the home, ask the mother where would be the most comfortable and quiet place to conduct the interview. If phone calls become a problem, ask the mother if she would mind letting the answering machine get the call or, if another Visitor is present, if she would mind letting the other Visitor take a message. Finally, ask the mother if she is expecting anyone to come over in the next couple of hours. Sometimes, despite the two-week phone call, mothers will have someone drop by (e.g., the diaper company, her mother). If you know this will happen, you may be able to minimize its disruptiveness.

In some cases, however, the mother's partner or someone else will be at the home when you arrive. In the ideal situation, when you ask the mother to find a quiet and comfortable place for the interview, anyone else present will not follow you to this place. However, if the father is present, he may join you and the mother. In this case, describe the study to both the mother and father and obtain the informed consent from the mother. The father may also sign the consent, if he wants, but it is not necessary. (This procedure, of course, is different in sites where fathers are included.) Ask him if he has any questions about the study. Then, tactfully tell the father that he does not have to remain present through the interview. If the father does not take the hint or really wants to observe the interview, be gracious.

Before you begin the interview you will want to tell the father again that you must ask the questions directly to his wife even if they involve him. For example, you might want to say "*We usually do not have the benefit of having fathers present during our visits, so the interview has been designed for the mother to answer all questions, even those directly dealing with you. To be consistent, I must get all of the responses from your wife. You may, however, want to let me know if we are missing something.*" Repeat this as often as is appropriate. If the father does give you information, be sure to record the mother's response unless the father interjects more accurate information about objective questions pertaining to him (e.g., occupational title). Avoid asking questions directly of him, because asking him questions will encourage him to become more actively involved in the interview than would be desirable. The interviewer, however, will have to use her judgment. If it appears rude NOT to address the father, she may modify this policy.

Do not show the questionnaires to the father, as piloting has suggested that mothers may feel pressured by her partner's strong opinions. Each site will develop ways to handle this situation as seem appropriate. For some sites, this may be a good time to offer the father his own set of questionnaires. Be sure to thank the father for his interest in the study.

### D. Further Description of the Study, Securing Informed Consent

The script below is a suggested format to be adapted so that it conveys this information in a conversational manner.

"*Although (use two-week phone caller's name) has already talked about the project, I'd like to tell you some more about it, to make sure we haven't forgotten anything. And then I'll be glad to answer any questions you might have.*"

Explain the project here, using the Informed Consent Form as a guide. If you like, you may point to the appropriate places on the Form.

"*We're glad that you are interested in being a part of this project. Are there any questions I can answer for you about the project?*" Answer the questions here using the information from the Two-Week Telephone Interview.

When mothers or other household members ask for more detail about the study or about what questions we are trying to answer, try to rephrase the information in the consent form or consult the information at the end of the Two-Week Telephone Interview. It is important that every family have a similar understanding of the project, so using the description in the Consent Form or the Two-Week Telephone Interview is best. If people press for more information than you have, or if they ask for information which may prejudice the mother about the purpose of the study, tell the person that you are not sure what the answer is at this time, and that you'd like to check with the Director of the Project and get back to her. Never say "*I don't think I'm supposed to tell you* *that,"* or "*I'm not sure if I can tell you that.*" Families have the right to be fully informed. If you can't answer all of their questions, let them know that you will promptly get back to them with an answer and then follow through.

"*Please read the form over, and then sign it to indicate that you're willing to participate in the project with us. (Answer any additional questions here.) Remember that at any time during the project you can refuse to answer any questions, or you can decide to stop participating. Of course, we hope very much that you'll want to stay with us for the duration of the project!*"

If it appears that the mother cannot read, or if she is taking a very long time, you may offer to help her read the Consent Form. You can say something like, "*I can help you if you like. It may help move things along more quickly.*"

If the mother is having problems reading the form because she is holding the baby, you may offer to hold the baby while the mother reads the form. It is unlikely, however, that the mother will take you up on your offer.

Visitors from sites using only the mother and baby in their site-specific research will describe the study as a whole to mothers, including both the common protocol and site specific components. (See the information in the Two-Week Phone Call material.) Only one Consent Form is necessary.

For sites including fathers, three Consent Forms are necessary. If, at the Two-Week Phone Call the mother says that her husband will not be participating, the mother will be given one form describing only the Common Protocol and the Site-Specific Research which includes only her and the baby. If the mother reports that the father is interested in participating in the project at the Two-Week Phone Call, the mother is given a different form which details the Common Protocol and all of the Site-Specific Research that includes her, her husband, and her baby. Finally, a separate consent form is needed for fathers. Site-Specific Research involving fathers must be described to the parents as optional; it must be made clear to the mother that she and her baby can still participate in the study even if her husband or partner does not want to.

Have the mother sign the form(s), and thank her. The Visitor should then also sign the Consent Form and make sure to leave another copy for the mother to keep.

If this particular interview is to be audiotaped for reliability purposes, it might be best to next ask the mother if she minds having her interview taped. The researcher may want to say something like, "*We often need to tape our interviews to make sure that all of our researchers are following the same procedures. Only researchers on the project have access to these tapes. Would you mind if we taped today's interview?*" In most cases, the mother will not mind, but it is polite to ask before beginning the interview. If the mother objects to the taping, be gracious and make sure that the next interview conducted by this particular interviewer is taped (see Appendix F, Training and Quality-Control Procedures). Some sites may want to have mothers sign an additional Informed Consent Form to cover this audiotaping.

### E. Administering the One-Month Protocol

This manual describes the general procedures for administering the Common Protocol. Questions about specific questions or items and definitions for some words and phrases are addressed in the Administration Manual for the One-Month Home Visit. We have permitted some redundancy in the two manuals to emphasize important points.

#### 1. Beginning the Interview

Say something like,

"*During today's visit, I'd like to ask you some questions about your experiences as a parent so far, as well as some of your expectations and plans for the future. I'll be asking you some of these questions as part of our interview, while others will be asked in the form of some brief questionnaires which I will ask you to fill out. All this should take no more than about an hour and a half...OK?*" (If there are site-specific tasks, describe these here as well, and adjust the times accordingly.)

Next, prepare the mother for your roles in the interview portion by saying,

"*In the interview part of our visit, I will read you a set of questions exactly as they are worded. This is so that every mother in the study is answering the same questions.*

*I'll be asking you to answer two kinds of questions. In some cases, I'll ask you to answer in your own words. In other cases, I will give you a list of answers and ask you to choose the one that fits best. If at any time during the interview you are not clear about what I would like from you, be sure to ask me."*

After making these statements, begin the Interview.

### 2. Interview Section I: Parts 1, 2, and 3

The interview sections of the protocol should be administered according to the guidelines stated in Section III, General Instructions for Interviewing. The first section of the interview consists of three parts; the first part asking information about household data, the second part asking information pertaining to the health of the family, and the third part asking information about the husband's/partner's occupational status.

### 3. Self-Administered Questionnaires, Part I

There are five questionnaires in this section. You will be handing the forms to the mother one at a time on a writing surface of some kind. (Please note that the use of a clipboard is not allowed, as it creases the scan forms and causes them to jam during reading.) Before you hand the mother the first form say, "*Now I have some questionnaires for you to fill out yourself. If you have problems with any of the questions, feel free to ask me.*"

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As you hand her each form, you will read a brief introductory statement (see Section 2, Administration of the One-Month Home Visit).

Be very sensitive here to the mother's cues. If you learned or suspected during the Informed Consent Procedure that the mother could not read, you may add, "*We would like you to fill these out yourself, but if there's any difficulty, I will be glad to read the questions to you. I'll give you a moment to look at the forms, and we can go from there.*"

If the mother is holding the baby, you may offer to hold the baby while she is completing the forms. Be sensitive here, of course. Some mothers are very pleased to have you hold the baby for a while, others are more reluctant.

It is extremely important for several reasons that, if the mother can read, she complete these forms herself. The interview moves faster, the information is more standard, and the information is more private. If the mother can read, we prefer that she complete the forms herself, and that you help her with the baby while she is doing this.

If the mother appears to be a fluent reader, do not offer to read to her. If she asks you to read the questions to her, explain why it is important for her to complete the forms herself, and offer to help her in other ways.

When the mother hands back to you the first questionnaire, ask her if she would mind if you check it over to make sure that she did not miss an item that she did not intend to leave blank. Nearly every mother will say that she does not have a problem with this. If she says that she does not mind, quickly look over the form to see if she has missed anything. If she has left something blank, ask her if she intended to do so. If she did not intend to, ask her if she would like to add her answer at this time. We do not want to give the impression that we are reading the mother's answers, because she may then censor responses on later questionnaires. If we read her responses or ask her about anything in particular she indicated on a form, she will see very little sense in having to complete the forms herself. Always provide an envelope for the mother to put her completed questionnaires in, in case she does not want you looking over the forms.

As you check over each questionnaire, you will mark on a Questionnaire Log (see Appendix B) whether blank responses are refused information or if you were unable to check her responses on a particular questionnaire (in which case, it may just be missing data). This log will also have a place for you to indicate whether you had to read any of the information to the mother and whether you suspect that some of the information may be unreliable (e.g., the mother seemed harried and just whizzed through the questionnaire, she didn't seem to understand a questionnaire or certain items well, she can't attend well enough to respond, she expressed resistance, kept asking when this would be over, etc.).

### 4. Interview Section II: Parts 4, 5, and 6

This section consists of three parts: Maternal Employment History; Feelings and Attitudes about Employment and Childcare Plans.

For this section, you will also need to have cards prepared by the Data Coordinating Unit to hand to the mothers. Consult the Administration Manual for details.

### 5. Self-Administered Questionnaires, Part II

Here, the remaining questionnaires are handed to the mothers, following the same procedure as used for questionnaires, Part I (see Section 3, above).

### 6. Interview Section III: Part 7

This section consists of getting information on contact names and addresses for the family in case we are ever unable to reach them. We can not overemphasize how important this information is to the success of the study.

### 7. Debriefing

It is important at the end of the interview to "debrief" the mother. Ask the mother if there is anything that we didn't ask about that she thinks is relevant, or if she has any comments or questions about the interview she'd like to share with us. This is necessary to give the mother a sense that she is an important part of the research process and to give her the chance to express any adverse feelings she may have had about the interview. The interviewer needs to be sensitive to any negative affect in the mother and needs to give the mother a chance to share her feelings. If the mother asks questions about the research hypotheses, try paraphrasing the information in the Consent Form and Two-Week Phone Call.

Some sites may want to introduce open-ended questions here that enable to mother to share experiences that she feels are relevant to her life right now (e.g., social support she is receiving as a new mother, the effect of the birth on siblings, pets, etc.). Such questions may help the mothers feel that we are asking the right questions and are interested in the things that SHE considers important.

### 8. Paying the Mother

Thank the mother, and explain how important this study is, and how we value her time and help. Pay her, or make arrangements to pay her $15. If all of the information is not completed during the home visit and this is due to circumstances beyond the mother's control (e.g., the lab team must leave for some reason), the mother should be paid before leaving the home. If, on the other hand, the mother cuts the visit short before completing all of the measures, then she should be paid when her complete information is received. Please consult Section VII, Troubleshooting in this chapter for other payment issues.

### 9. Preparing for the Next Contacts

Talk with the mother about the next visits and phone call.

*"Someone from our team will call you when (Connie) is three months old. We will want to find out how you and Connie have been, whether anything has changed for you, and how your days are going then. Babies change so much in the first year, and things may be quite different for you when Connie is 3 months old. Our calls should take less than 15 minutes."*

*"The next time we visit you in the home will be when Connie is 6 months old. At that time, we'll be talking with you again, asking many of the same kinds of questions as we asked today. In addition, since Connie will be older, we will want to watch her doing some things that may be fun for her to do with you. We will contact you a few weeks before Connie is 6 months old to talk with you about the details of that visit.*

*If at five or six months Connie is in some form of regular child care, we would also like to visit her while she is there. When we call you at to arrange our visit at six months, we'll work with you in contacting the caregiver. We will pay the caregiver for their time and help."*

Leave the mother a business card or some small information card with your name on it that she can file or "put on the refrigerator." Say, "*We'll be in touch with you, but if anything changes for you or if you want to contact us, please call. Our number, and my name, is on this card.*"

### 10. Exiting

Leave the mother with a good feeling about your visit. As you leave, give the mother positive feedback along the lines of "*You've really been helpful to us,*" "*I've enjoyed meeting you, I'll look forward to visiting you again,*" "*You really have a beautiful baby.*"

## V. POST-VISIT CONCERNS

### A. Reviewing the Interview Form

After the visit is completed, the Visitor should look over the entire interview form to make sure that each item was completed and coded properly. In most cases, the Visitor should actually be able to check this information while the mother is completing questionnaires. Before posting the data weekly to the Data Coordinating Center (DCC), have another interviewer review your forms to be sure they are accurately completed. There are many opportunities for oversights and a second "eagle eye" may spot them.

## B. Documentation

To document the visit, the Visitor will need to complete some forms after leaving the home. First, the Visitor will complete the Questionnaire Log Sheet. In most cases, the Visitor will be able to complete this form during the home visit.

Second, the Visitor will complete a Visitor's Interview Report Form similar to the one used by the Infant Health and Development Project (See Appendix C.). This form gives the Visitor a place to record in more detail any extenuating circumstances that may have affected the One-Month Protocol, a place to describe the mother's comments following the interview, and an opportunity to record any comments the interviewer wants to make about the home visit. A copy of the first page (only) of the form is to be sent to the DCC along with the subject data.

Finally, we also recommend that each site keep informal notes on each visit. Here you could include information about whom the Visitors met during the visit, general comments about the proceedings, and some non-protocol information about the visit such as things the Visitor may have discussed with the mother, the name of the family dog, etc. This information may be useful in maintaining rapport during future contacts. Be careful not to include information that may bias future Visitors; only information that may help them respond as sensitive, friendly visitors to the family.

### C. Maintaining Rapport

Each site will send some type of thank-you note to the families after the visit. Each site can decide the form of note which they feel most comfortable with. All sites will send the children yearly birthday cards. Each site can also decide whether they want to send holiday cards.

### D. Future Concerns

Undoubtedly, questions will come up during the study; it is possible that we may have to modify our procedures during the course of the study. If you have questions or comments about Common Protocol procedures, please contact the Chair of the Interviewing and Questionnaires Subcommittee, Marsha Weinraub, as soon as you can.

### E. Within-Site Home Visitor Meetings

The Home Visitors for each site should meet at least every other week with their site coordinator and/or PI to discuss the visits during that period. These meetings will be critical in keeping inter-Visitor reliability within the site high. Oversights that have come up by second interviewers reviewing the data before sending them to the DCC, should be at least briefly discussed at these meetings. (See Section F, "Training and Quality Control," below.)

### F. Training and Quality Control

Suggestions for training Home Visitors and requirements for maintaining quality control are included in Appendix F.

## VI. PROPS AND MATERIALS

You may want to carry all the forms in a canvas tote, arranged in order for this specific mother, with alternative forms in case the mother's circumstances are different from what we were led to believe from the recruitment or two-week phone call. Be sure to take additional copies of the Informed Consent Form, as the mother will probably not have handy the one that may have been mailed to her. You will need to leave one copy of the signed Informed Consent Form with the mother.

Bring a writing surface for the mother and you to write on, as there may not be a place in the home to do so. Take care not to use a clipboard for Scantron forms, as it will crease the forms and make them unreadable. Also, you will want to bring additional copies of the forms, just in case anything happens to this set or the father is present and wants to look them over or complete them. Be sure to take the mother's full name and address and telephone number, in case you need to contact her on your way. This information should be recorded on the face sheet of the interview form before leaving for the visit.

In addition to the forms, you will need the following:

1. The response cards
2. The Questionnaire Log
3. The Interviewer Report Form

4. Some large self-addressed stamped envelopes in case the mother needs to mail some forms (see Section VII, Troubleshooting)
5. A microcassette recorder [for reliability taping]
6. Microcassette tapes [for reliability taping]
7. Spare batteries [for reliability taping]
8. Microphones, if used [for reliability taping]
9. An envelope to put completed data in
10. A receipt book for subject payments
11. The Operations Manual
12. The Administration Manual
13. The Questionnaire Manual

A checklist for Common-Protocol materials has been included on the face sheet of the interview form. Each site may also want to develop a checklist which includes both Common-Protocol and Site-Specific materials so that Visitors can easily prepare for each home visit.

## VII. TROUBLESHOOTING

Listed below are some potential problems that may be encountered on the One-Month Visit and our suggested solutions. We realize that each lab is different and we invite your comments and suggestions. If you have any questions, comments or better solutions, feel free to call Marsha Weinraub.

1. The Visitor arrives and the mother is not home. Do we call and reschedule her?

Before leaving the area, the Visitor should attempt to call the mother from a nearby phone booth to make sure that she really is not home (e.g., her doorbell may not be working). If the mother is not home, the Visitor or the scheduler should attempt to contact the mother as soon as possible. Every attempt should be made to reschedule the visit before the child is five weeks old.

2. The mother refuses to participate once the lab team arrives at the home. Do we pay her?

If at all possible, the Visitor should try to determine exactly why the mother refuses to participate before she leaves the home. By keeping accurate records of refusals and drop-outs, we may have some insight into the biases that may creep into our sample. As for paying her, we do not have to, considering that the money is for participating in the study. We should thank the mother for having us, and leave.

3. The Visitor arrives at the home and the mother says that she or the baby is not feeling well and she wants to reschedule. Do we?

The Visitor should try to determine why the mother did not phone the lab to cancel her appointment. Is this a sudden illness that may have prevented the mother from contacting us? The Visitor should offer to reschedule if the mother or baby was truly ill and the mother was too busy or too distracted to call us. If possible, she should be rescheduled on the spot. The visit should be rescheduled within the 3- to 5-week window for rescheduling the One-Month visit. However, it may be that neither the mother nor her child is ill; the mother just does not want to be in the study. The Visitor should verbally check this out with the mother. If the mother does not want to be rescheduled, the Visitor should thank the mother and politely leave.

4. The mother will not sign the consent form; she wants to consult with her husband. She seems eager to participate and says that her husband probably would feel as she does.

   Do we reschedule?

We cannot do the home visit without the mother's signed consent. Tell her that we will leave a copy of the consent form for her and her husband to look over and mail back to us (in a lab-addressed stamped envelope provided by us). Since the Visitor is already in the home, she can ask the mother to sign an abbreviated version of the consent form, applicable to the One-Month Visit only. If she signs the abbreviated form, we can continue with the One-Month Home Visit as planned. We also explain to the mother that we must receive the complete consent form within the week for her to continue in the study. A mother may be more likely to sign the abbreviated form because it seems like less of a commitment. If we do not receive the complete consent form within the next week, we cannot continue the family in the study.

If the mother does not want to sign the abbreviated consent form, then we leave the full consent form and a self addressed stamped envelope with her and leave. If we receive her consent form within the week, then she can be rescheduled.

Each site will be responsible for designing an abbreviated consent form which conveys just the information relevant to the one-month visit that is on the full Consent Form.

5. What if the mother is found not to fit the criteria during the interview? What do we tell her?

We should tell her the truth in any case where it does not sound like we are insulting her or her baby. If possible, we should tell her why we are limiting the sample in this particular way. If we feel comfortable telling her why she is being excluded, we should end the interview at the point where we know the mother is excluded. We should also pay her. If the baby has had some medical problems that we did not know earlier, we may not want to tell the mother this is why we are not including her in our sample. It may sound like her baby is not good enough for our study and this could hurt her feelings. In this case, we would finish the one-month visit anyway and then tell her that not all families will be able to be seen again. Some families will be seen only at the one-month visit and other families will be seen until their child is three years old. We should tell her that we will be calling her within the next week to let her know if we will be seeing her and her family again.

6. The house we are visiting is chaotic, noisy, etc. There does not seem to be a place to do a quiet interview or a session without many interruptions. What do we do?

This should occur infrequently because strong efforts to minimize disruptions should occur during the scheduling of the interview. However, if the mother seems very eager and cooperative but there is absolutely no way to get through the visit, we should ask her if there is a better time to reschedule the visit. If the mother says that no time is better, we may offer to come another time and bring along an extra person to help with the other kids if they are the source of interruptions. If your site can not schedule to have another Visitor present, your site may consider offering to pay the mother for alternate care that she arranges.

Almost any interview can be gotten through despite interruptions. It is best to plan ahead for these interruptions by leaving ample time in the Visitor's schedule to complete the visit. However, if the interview cannot be done under the circumstances and no other arrangements can be made, we may not be able to continue the family in the sample.

The issue has been raised about moving the interview to another outside-of-the home location (i.e., going out for coffee, meeting at the mother's worksite, etc.). This possibility raises issues about guaranteeing the mother's privacy and our liability if anything should happen to the mother en route to another location or to the children in our absence. Therefore, this alternative is unacceptable. The One-Month Visit should be conducted in the home for all mothers in the study.

7. The mother is very hostile, uncooperative, high, etc. What do we do? Will we see her again?

If the mother is merely uncooperative or somewhat hostile, the Visitor may want to switch gears, and allow the mother to do more open-ended talking for a while. If this does not help, the Visitor should reassure her that her participation is strictly voluntary and that if she finds the questions or procedures in any way a problem, she can withdraw at any time with no penalty. If the mother is being uncooperative by refusing to answer many questions, the Visitor can reassure her that all information is held in the strictest confidence. Keep in mind, however, that it is the mother's free choice whether or not to answer particular questions.

If the mother is overtly high or psychotic, the Visitor should leave the house as soon as possible, as tactfully as possible. The Visitor can skip through the protocol to go to the end and ask a few final questions. If the mother asks why the questions are being skipped, she can be told that they are not applicable to her situation. While leaving, the Visitors can tell the mother that not all mothers seen on this first visit will continue on the project; they will contact her to let her know what will happen next. The mother should be called the next week and told that she will not be included in the rest of the study.

8. What if the mother wants to change the order of the questionnaire she completes?

The Visitor should tell the mother that we need to keep things standardized and that we need to keep the forms in their original order. If she is resistant, allow her to complete the forms her way. Indicate on the protocol that the order was changed, and how.

9. What if she asks to fill out the written sections at another time and offers to mail them in? Or, we/she has to leave before finishing the one-month protocol?

If you have not completed asking the information up to the Child-Care Section, you should find another time to go back to the home. If you get to this point, however, you may leave the second set of questionnaires and a self-addressed stamped envelope for the mother to mail them back. Ask the mother to complete the forms by herself in the order they are given to her. Stress to the mother, however, that you will need to receive the forms within the week or we will not be able to include her in the study. Call to remind her if you have not received them back within four days. If there are also remaining interview questions, schedule a time to call the mother to complete these questions over the phone. This call should be made within the next working day, if possible. Mark Appelbaum and/or the Data Coordinating Center will have to determine how much missing data we can tolerate before the family must be dropped from the study.

10. Visitor Sees Indicators of Child Abuse or Potential Abuse

This information should be reported to the PI immediately. If required by state law, this information will need to be reported to the appropriate authorities. If the family still wants to be in the study, they should still be included. This information must also be reported to the Data Coordinating Center.

11. If the mother (or baby) is back in the hospital at One-Month, can we visit the mother anyway or do we drop that family from the study?

If it is possible to reschedule the home visit within the three- to five-week window for scheduling the One-Month Visit then we keep the family. If this is not possible, we should tell the mother that we cannot include her in the study because we cannot schedule her visit at the appropriate time.

12. If a child dies unexpectedly before the One-Month Visit, is it appropriate to send a card or literature for coping with the death of a child to the family?

It is appropriate to send a note of sympathy. Each site can decide how they want to handle this situation. The Temple site would recommend sending a card which includes the phrase, *"If there is any way that we can be of help to you, please let us know."*

13. If the mother and her baby are not living in the same household at the time of the One-Month Interview, what do we do?

The family should be excluded from participating if the mother and baby are not living together during the first month postpartum.

14. What if the mother's partner is female? Do we ask all partner questions in relation to this person?

If the mother defines a woman as her partner, then all questions pertaining to partners in the one-month interview should be asked with respect to this person. The Interviewer should substitute "she" for "he" wherever this is appropriate.

## VIII. SAFETY GUIDELINES

Occasionally, a Home Visitor will have to go to an area with which she is unfamiliar. In some cases, she may have to make the final decision to drop a family from the study due to a safety exclusion. It is, therefore, essential that each Visitor be able to evaluate the safety of an area and learn how to increase her own safety when traveling in an unknown area. We have compiled two lists to help Visitors with these tasks. These indicators are only imprecise guidelines. The presence of these indicators does not necessarily mean that the area is unsafe, nor does the absence of these indicators necessarily mean that the area is safe. These are meant only as indicators to consider. Sometimes the Visitor will have to go on her "gut reaction." Remember -- the safety of home Visitors is paramount! Never enter or stay in a situation in which you feel threatened.

### A. Things to Consider in Evaluating the Safety of an Area

There are three significant characteristics of dangerous areas: isolation, evidence of drug use or criminal activity; and a general air of abandonment. Remember that the presence of these characteristics do not always indicate danger, but they are signs that should be attended to.

#### 1. Isolation

- Poorly-lit areas
- People walking around with no apparent destination
- Closed down industrial or business establishments
- Nobody to go to if there is a problem (i.e., areas with boarded-up homes, closed businesses or industrial firms)

#### 2. Evidence of drug use or criminal activity

- Lots of graffiti
- Adults and teenagers loitering on street corners during the day

- Prostitutes standing around on corners
- Crack vials and syringes on the street
- House with lots of people going in and out

3. **Abandonment**

- Unkempt homes: Unrepaired windows, homes in need of extensive repair
- Area with many boarded-up homes
- Many old or abandoned cars
- More trash than normal

The appearance of any one of the above characteristics does not mean that an area is unsafe. However, if you notice several of these characteristics, and you have a gut feeling that you should not be in that area, it probably means that the area is unsafe. Please see the Section C below on "Troubleshooting From a Safety Perspective" to help you decide what to do in an unsafe situation.

## B. How to Increase Your Safety

1. Dress casually, in flat shoes, with no jewelry. (A casual watch is fine.)
2. Do not go into a possibly unsafe area alone.
3. Have exact directions to the home. Tell the mother that you are unfamiliar with the area and ask her exactly where to park the car.

4. Arrive early to a neighborhood to check things out. If you give yourself plenty of time then you will be better able to make an evaluation of the area.
5. Carry minimal equipment in a canvas tote.
6. Don't carry a purse.
7. Don't leave anything in your car. If your car has a trunk, try not to keep the equipment in there. If you are seen going into the trunk, someone may suspect that you have other things in the trunk.
8. Look like you know where you are and what you are doing. If you look intimidated, you are more likely to be the target of crime.
9. Make sure that someone knows the time of your visit and the time that you are expected to return.
10. Keep in contact with the local police precinct. They can answer many questions you may have about an unfamiliar area.

### C. Troubleshooting From a Safety Perspective:

1. If a Visitor arrives in front of the house and decides it is too dangerous to get out of the car, or the house looks "too questionable to enter":

The Visitor or lab team should get to the nearest safe phone booth and call the mother to tell her that we are not coming. In cases where the team knows that they are going to a borderline neighborhood, they should arrive early to check out the situation. This way we will also minimally inconvenience the mother because we will call her about the time we should have been arriving rather than leave her waiting for us. In this case, it may be better not to tell her the truth about our fears of her house and neighborhood because this may be inaccurate and unkind. We could tell her that something happened and that we couldn't get to her house. We tell her that we are sorry for the inconvenience, we appreciate her interest and we send her the check. We won't offer to reschedule. If she asks, we could say we won't be able to see her again because by our next available appointment, her child will be too old.

If the family you are planning to visit does not have a phone and you have reason to suspect that the home may be in a dangerous neighborhood, you should check out the area at least 48 hours before the scheduled home visit. We should tell all families without phones that we will call their contact person the day before the visit to confirm the appointment. If you see that the neighborhood did not meet the criteria for "safe," then you could leave a message with the contact person the day before the visit that you had to cancel and have the contact person ask the mother to get back to you. When she does, explain that you had to cancel the appointment and that her baby will be too old by the next available appointment. Offer to send her a check for $15.

### 2. If the Visitor Enters the House and Decides That the Situation Looks Unsafe:

If the situation looks extremely unsafe (see Appendix G: Developing Safety Guidelines) as the Visitor enters, the Visitor should tell the mother that this looks like a bad time and that we will contact her soon. We should give her the check. We should call the mother in a day or two and tell her that we will not be able to reschedule because her child will be too old by the time of the next available appointment.

If the Visitor enters a situation which appears O.K. at first but later becomes dangerous, she should leave as soon as she can, and as tactfully as possible without compromising her personal safety. As she leaves, she can briefly explain that this looks like a bad time and that we will contact her soon. We should give her the check, and then call the mother in a day or two and tell her that we will not be able to reschedule because her child will be too old by the time of the next available appointment.

If the Visitor decides not to see a family on the basis of safety, or if she should leave before the interview is completed, she should immediately report this to the Study Coordinator and Principle Investigator. In addition, the Visitor(s) should document why and how they arrived at the decision to terminate the home visit so that a written justification, based on each site's guidelines, can be sent to the Data Coordinating Center. (See the Safety Exclusion Form, Appendix D.) (Some suggestions on developing site-specific safety guidelines are found in Appendix G.)

## IX. APPENDICES

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## A. Appendix A: Indicators of Child Abuse

## CHILD ABUSE/NEGLECT

As we are in contact with families and child care agencies, we may also come in contact with situations of child abuse/neglect. As such, based on the statutes for their state and the individual characteristics of their site, each site should develop guidelines for handling suspected child abuse or neglect.

Abuse and neglect is a difficult issue for us. As researchers we have an obligation to keep confidential any information and observations we obtain, yet we may in some cases have a moral (if not legal) responsibility to report our observations if doing so would help protect a child.

Unlike teachers, child care workers, and health professionals (who are often mandated by law to report), we may not be in a position to accurately assess abuse. Because our contacts are relatively infrequent and of short duration, we are less able to view consistent patterns of behavior, making our potential error in judgment great. It is necessary therefore to consult with PI's and PC's in all cases of suspected abuse and to treat each case, to some extent, individually.

### Suggestions For All Sites

It is advised that each site investigate the laws particular to their state. Some state laws may specifically mandate us to report any and all cases of suspected abuse, with criminal penalties for not reporting. In some cases a reporter may have immunity from liability of a false report made "in good faith." Other states allow concerned individuals to report abuse regardless of their relationship to the child and offer similar protection. Some states may offer anonymity. It is important to know legal responsibilities specific to each state, so that each project worker can act accordingly.

All states will: 1) define child abuse and neglect; 2) mandate certain individuals to report (usually teachers, health professionals); and 3) identify the agency to which reports are made. The Department of Social Services in your area can provide you with appropriate procedures for reporting. Statutes for report are usually available through state departments of welfare.

Besides consideration of your state law, it is important in cases of suspected abuse or neglect to learn about possible indicators of abuse (some are attached) and to fully document all observations concerning any suspicions you might have. In all cases, the decision to report and the process of reporting should not be done in a vacuum. Any problems or concerns in this matter should be brought to the attention of the site Principle Investigator and Project Coordinator.

## Wisconsin Regulations

In Wisconsin, child care professionals, educators, counselors, and various health care officials are required (mandated) to report all suspected child abuse or neglect. Wisconsin law also states that "any other person, including an attorney, having reason to suspect that a child has been abused or neglected or reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect will occur, may make such a report." As researchers, we are not specifically mandated to report, but we may if we have sufficient reason to believe there is danger to the child. Reports can be made by anyone and those who report "in good faith" (i.e., with an honest belief that a child is or has been in danger of being abused), are immune from liability.

Reports are made to the local county agency (different for each county) within 12 hours. In Dane county this agency is Child Abuse and Neglect Services. Some counties may require that a subsequent written report be made. Each county in our sampling area may have different exact procedures, and a different county agency to report to. A reporter may request immediate investigation by the sheriff or police if the child is thought to be in immediate danger.

Since we may report suspected child abuse or neglect, we should probably continue to ensure that parents and caregivers are aware of this possibility via the written consent form. We should also probably discuss among ourselves what procedures would follow in the case that one of us suspects abuse. The following are some suggested steps:

> Should a project worker become aware that certain indicators of child abuse exist within the home or child care center s/he should:
> 1) After the interview or observation, write down, in as much detail as possible, any and all relevant statements (verbatim) or observations.
> 2) As soon as possible (within 12 hours), consult with the Project Coordinator and Project Investigator, bringing to bear all relevant material.
> 3) In cases where the decision is made to report abuse or neglect, the Project Coordinator or Investigator should contact social services and make the actual report. All observations should be typed up and put in the confidential family file as well as any copies of the written report. (Documentation is very important!)

## Legal Definitions

Child: Anyone under the age of 18.

Child Abuse: "Any physical injury inflicted on a child by other than accidental means; sexual intercourse; sexual contact; exploitation; allowing or encouraging a child to engage in prostitution," or "emotional damage."

Child Neglect: When a child's parent or guardian "refuses or is unable for reasons other than poverty, to provide the necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child."

Emotional Damage: "harm to a child's psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal, or outward aggressive behavior or a combination of those behaviors, which is caused by the child's parent, guardian, legal custodian or other person exercising temporary or permanent control over the child for which the child's parent, guardian, or legal custodian has failed to obtain treatment necessary to remedy the harm." (Emotional damage "may be demonstrated by a substantial and observable change in behavior, emotional response or cognition that is not within the normal range for the child's age and stage of development.")

## Indicators of Child Abuse/Neglect

One of the indicators listed below, or even several in combination, may not indicate that abuse or neglect has occurred. They may indicate accidents or that other medical conditions, emotional illness, or problems exist. If a number of these problems exist, or if they occur frequently, child abuse may be suspected.

Signs of physical abuse:
- Bruises, welts on face, neck, chest, back
- Injuries in the shape of an object (belt, cord)
- Unexplained burns on palms, soles, back
- Fractures that do not fit the story of the injury
- Delay in seeking medical help
- Extremes in behaviors: very aggressive or withdrawn and shy
- Child is fearful of adults

Signs of sexual abuse:
- Pain, swelling or itching in genital areas
- Bruises, bleeding, discharge in genital areas
- Difficulty walking or sitting, frequent urination, pain
- Stained or bloody underclothing
- Venereal disease
- Refusal to take part in exercises
- Unusual interest in sex for the child's age
- For older children: drastic change in school achievement, being runaway or delinquent, showing regressive or childlike behavior

Signs of neglect:
- Poor hygiene, odor
- Inappropriately dressed for the weather
- Needs medical or dental care, glasses, or hearing aid
- Left alone, unsupervised for long periods
- Failure to thrive, malnutrition
- Constant hunger, begs or steals food
- Extreme willingness to please
- Frequent absence from school
- Arrives early or stays late at school or play area

Signs of emotional abuse:
- Low self-esteem
- Self-denigration
- Severe depression
- Aggression
- Withdrawal
- Severe Anxiety
- Failure to learn

Some Resources

Beginnings, Volume 2, Number 3, Fall 1985, "Abuse and Neglect."

Broadhurse, Diane; Margaret Edmunds and Robert MacDriken. Early Childhood Programs and the Prevention of Child Abuse and Neglect. Order from National Center on Child Abuse and Neglect, P.O. Box 1182, Washington, D.C. 20013 ($8.40).

National Committee for the Prevention of Child Abuse, 322 S, Michigan Ave., Suite 1250, Chicago, IL 60604-4357, (312) 663-3500.

## B. Appendix B: Questionnaire Log

## QUESTIONNAIRE LOG

| ID NUMBER | | | | | | REL |
|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 |

This log sheet is to be filled out when you review the mother's questionnaires, either during the home visit or afterwards. For each form, indicate whether you were able to check for missing information during the home visit, whether the mother refused to answer any items, whether any blank information should be considered missing (i.e. you could not verify with the mother that the information was a refusal or not), whether you had to read the form to the mother, and whether you suspect the reliability of the information the mother gave on a particular form (see operations manual). In the comments section, detail which items were refused or missing and any circumstances which lead you to suspect the reliability of the information.

| Form | Checked during Home visit? | Refusals? | Missing Info. | Read Aloud? | Reliable? |
|---|---|---|---|---|---|
| 2B | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 2C | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 2E | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 2F | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3B | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3C | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |

Interviewer No. |_|_|

| Form | Checked during Home visit? | Refusals? | Missing Info. | Read Aloud? | Reliable? |
|---|---|---|---|---|---|
| 3D | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3E | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3F | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3G | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3H | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3I | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |
| 3J | Y N | Y N | Y N | Y N | Y N |
| Comments: | | | | | |

## C. Appendix C: Visitor's Interview Report Form

Instrument Time Frame______________________________

# VISITOR'S INTERVIEW REPORT FORM

Time Started________________________________________________ Date of visit______________

Time Stopped________________________________________________

Was the visit terminated? Yes______ No__________

If yes, what was the last item answered:_______ Page number___

What plans were made for completing the interview:

| | |
|---|---|
| Scheduled another visit | 1 |
| Questionnaires to be mailed | 2 |
| Other_______________ | 3 |

1. Who was present during the interview.
   Circle all who apply.

| | |
|---|---|
| The Mother | 1 |
| The Child's Father | 2 |
| The Child's Grandmother | 3 |
| The Study Child | 4 |
| The Child's Siblings | 5 |
| Other (Specify relationship to mother)__________<br>________________ | 6 |

2. a. Who participated in answering the questions during the interview?
   Circle all who apply.

| | |
|---|---|
| The Mother | 1 |
| The Child's Father | 2 |
| The Child's Grandmother | 3 |
| Other (Specify relationship to mother)__________<br>________________ | 4 |

Instrument Time Frame______________________________

**DO NOT SEND TO THE DCC**

b. For which questions did anyone other than the mother provide information?

3. In your judgment, did this visit/interview give data about the usual circumstances in the home?

| | |
|---|---|
| yes | 1 |
| no | 2 |
| not sure | 3 |

4. Describe any significant extenuating circumstances that may have made this interview unusual.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

5. Mother's comments following interview (when you ask her if she has any questions or comments).

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

6. Visitors comments:____________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

7. Describe any significant problems or concerns noted during the visit.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Instrument Time Frame______________________________

**DO NOT SEND TO THE DCC**

8. Did the mother reveal any personal problems, request any resource information or a referral, or ask to speak with the PI regarding personal problems?

_____ yes _____ no

If yes, please describe the following:

Nature of Problem: ______________________________

What did she request?: ______________________________

What did you tell her?: ______________________________

What post-visit action was taken (i.e., resources given to mother, referral, phone call from PI)? _

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# SAFETY EXCLUSIONS

This form is to be used to keep records of families who are excluded from the study because of safety concerns. If a family is excluded from participation at any time during the course of the study, this form must be completed.

A. Color Area on Map

_____ Red
_____ Yellow
_____ Clear (i.e., safe)

B. Reason(s) Visitors thought that the area was unsafe

_____(a) Police in that precinct recommended that we do not visit the area.

_____(b) Upon arrival but before entering the home, the team noticed several indicators of an unsafe area. (Please see the enclosed the checklist from the safety manual. Attach the completed safety checklist form.)

_____(c) Once inside of the home, the team observed activity or other evidence that made them concerned about their safety.

Please describe why you felt unsafe: ________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

_____(d) Once the interview had begun, the team observed activity that made them concerned for their safety.

Please describe why you felt unsafe: ________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

_____(e) Other (Please describe): ________________________________________
________________________________________

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## D. Appendix D: Safety Exclusions Form

## E. Appendix E: Interviewer Monitoring Form

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Instrument Time Frame________________________

## INTERVIEWER MONITORING FORM

Family ID#________________________________ Date________________________

Interviewer_______________________________ Evaluator_____________________

Total Score______________________

1. **READS** questions exactly as written, unless confirming information already known. Comments, questions with problems:

______________________________________________

______________________________________________

______________________________________________

__________SCORE______________

| | |
|---|---|
| (20) | All Correct |
| (15) | 1-2 Incorrect |
| (10) | 3-4 Incorrect |
| (00) | 5 or more Incorrect |

2. When **CONFIRMS** information, uses meaning-containing words in original question. Comments, questions with problems:

______________________________________________

______________________________________________

______________________________________________

__________SCORE______________

| | |
|---|---|
| (20) | All Correct |
| (15) | 1-2 Incorrect |
| (10) | 3-4 Incorrect |
| (00) | 5 or more Incorrect |

3. **DEFINES** words only when necessary, and notes words so defined in log. Comments, questions with problems:

______________________________________________

______________________________________________

______________________________________________

__________SCORE______________

| | |
|---|---|
| (20) | No words needed to be defined |
| (20) | Defines only when necessary and logs |
| (10) | Defines when not necessary 1-2 times |
| (10) | Doesn't note definitions in log |
| (00) | Defines when not necessary 3 or more times |

4. **RECORDS** Respondent's answers correctly. Comments, questions with problems:

______________________________________________

______________________________________________

______________________________________________

__________SCORE______________

| | |
|---|---|
| (20) | No errors in recording |
| (10) | 1-2 incorrect |
| (00) | 3 or more incorrect |

5. **CODES** Open-ended responses (Part 6: Questions 66, 76, 78, 82, and 84) and occupation reliably. Comments, questions with problems:

______________________________________________

______________________________________________

______________________________________________

__________SCORE______________

| | |
|---|---|
| (20) | 95-100% agreement on all items |
| (00) | less than 95% agreement on 2 or more items |

ID No. |_|_|_|_|_|_|_| Interviewer No. |_|_|

6. **FAILS** to probe when necessary.
Comments, questions with problems:

| | |
|---|---|
| (20) | Never |
| (15) | Once |
| (10) | 2-3 Times |
| (00) | More than 3 Times |

____________SCORE____________________

7. **PROBES** nondirectively and appropriately.
Comments, questions with problems:

| | |
|---|---|
| (20) | No probing Needed |
| (20) | All Correct |
| (15) | 1-2 Incorrect |
| (10) | 3-4 Incorrect |
| (00) | 5 or More Incorrect |

____________SCORE____________________

8. **SKIPS** incorrectly. (Do not count as incorrect skips those occasions when the proper skip is complicated, e.g., there is a question about whether respondent was "employed" for purposes of the study. Interviewer should collect all data in these circumstances so that PI can determine which skip pattern to use.)
Comments, questions with problems:

| | |
|---|---|
| (20) | Never |
| (10) | 1-2 Wrong |
| (00) | 3 or more Wrong |

____________SCORE____________________

9. **FEEDBACK**: Inappropriately personal or evaluative of answers.
Comments, questions with problems:

| | |
|---|---|
| (20) | Never |
| (10) | 1-2 Times |
| (00) | 3 or more Times |

____________SCORE____________________

10. **TRAINING**: Explains respondent's role and tasks when needed.
Comments, questions with problems:

| | |
|---|---|
| (20) | Yes, when needed, or well |
| (20) | No, no training needed |
| (10) | Yes, but could have done better or more |
| (00) | No, failed to train when needed or did poorly |

____________SCORE____________________

11. **PACE**:
Comments, questions with problems:

| | |
|---|---|
| (20) | Paced appropriately for respondent |
| (10) | Too slow for respondent |
| (00) | Too fast for respondent |

____________SCORE____________________

Adapted from Fowler, Jr. and Mangione (1990)

# F. Appendix F: Training and Quality-Control Procedures

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## I. Training and Quality Control

The following training procedures are based on recommendations made by the Wellesley and Temple sites. Sites may choose to develop their own training procedures based upon the skills and talents of their interviewers. However, all sites are required to follow the quality-control procedures.

### A. Training Home Visitors

Before arranging the first training session, the training coordinator will prepare a packet of interviewer materials for each person being trained. The interviewer packet will contain the following:

1. This Operations Manual.
2. One-Month Interview and Questionnaire Manual.
3. Interviewer instructions, tailored to your site, that describe step by step what the interviewer's responsibilities are before, during, and after the home visit.
4. Interviewer phone-call guide to use when calling to make appointments, if applicable to your site.
5. Face sheet to be used when calling to schedule an interview and getting directions to the mother's home.
6. A copy of the Two-Week Phone Call Protocol so that the interviewer is familiar with what the mother has been told and can become familiar with the questions and answers that may come up during the scheduling phone call and/or home visit.
7. Confirmation-of-appointment letters to be filled out by interviewer.
8. A copy of the letter sent out by your site's PI(s) to the mother after she agreed to participate. This will also provide the interviewer with more information about how to describe the study to the mother.
9. Parent Consent forms.
10. The One-Month Protocol with face sheet attached.
11. The Questionnaire Log Sheet.
12. The Visitor's Interview Report Form.

13. The site's safety exclusion form and specific safety guidelines.

14. The recruitment brochure and the article by Friedman, S. (1990) in Zero to Three, as background statements about the purpose of the project.

Before training begins, the trainer will arrange to have copies of the introduction to the HOME manual and readings on pregnancy, delivery, and newborns available to the trainees. Finally, each site will also obtain a copy of the Fowler and Mangione (1990) book for trainees later in the training process.

## Sample Training Program.

Session 1. The first training session is an orientation session where interviewers are introduced to the basics of the project. The trainer will describe some of the history of the project, the relationships among sites, the distinction between Common-Protocol and Site-Specific procedures, the time table of data collection and the purpose of the study. The interviewers' general role in the project and their relationship to other project staff will also be described, as well as all of the procedures occurring prior to the interviewers' involvement in the research. Interviewers need to be familiar with the recruitment procedures so they can describe these to parents if asked.

Once the interviewers have a general sense of what their job requires and the systems in place at your site, you can move onto the specifics of their responsibilities. (The specifics of this role should be described in the Interviewer Instructions sheet in the packet.) As you describe their responsibilities, go over the relevant material included in the interviewer packet. Some sites will begin by training interviewers to make scheduling calls; other sites will begin with home-visit training.

To begin training on the One-Month Visit procedures, introduce the Procedures Manual. Next, introduce the Administration Manual for the One-Month Home Visit. Clarify the purpose of each manual. Then, briefly go through the One-Month Protocol and the general procedures for how it is administered. Describe the visit from beginning (i.e., obtaining informed consent) to end (debriefing and exiting) as you go over the accompanying materials in the interview packet.

Finally, describe what responsibilities the Visitor has after the visit is completed (e.g., thank you notes, documentation).

Session 2. The second training session will serve to orient trainees to the procedures for conducting the one-month visit. For this session, have all interviewers read in detail the two manuals and the actual protocol. You may want to start this session by discussing the nature of home visits in general and what the interviewers' role is in this situation (see above). At this point you will also want to acquaint them more in depth with your prepared parent-resource list and describe how it is to be used.

The majority of this training session will then be spent in a question and answer session regarding the One-Month Visit procedures. It may be useful to also use modeling or role-playing techniques. In addition, issues pertaining to the recording of responses will be covered here.

After answering questions regarding the home visits, discuss the issues of safety, trouble-shooting, and child abuse.

Session 3. The third training session is to teach basic interviewer skills. Even for experienced interviewers hired at your site, this training will be useful because what they have done in the past may not be totally applicable to this project. To prepare for this session, trainees will read the first four chapters of the Fowler and Mangione (1990) book.

This session will begin with a detailed description of the standardized interview techniques described in this manual and the rationale for each. To describe different methods of nondirective probing responses, a live or videotaped demonstration of each technique should be presented. For this demonstration, use examples of issues that may come up with the one-month interview. Next, give interviewers ample opportunity to do supervised role play with these techniques. How to best arrange this type of situation is up to each individual site. Finally, discuss as a group any issues that came up during the role playing. Conclude this training session by telling trainees the schedule for practice interviews and how they can make arrangements to complete these.

Practice Interviews. The next step is to conduct practice interviews. These will proceed in the following order:

1. An experienced interviewer will give the trainee the One-Month Protocol.

2. The trainee will interview an experienced interviewer who can offer constructive feedback during this process.

3. The trainee will then give the interview to three unfamiliar mothers. If possible, these could be videotaped. If it is not possible to videotape, these interviews must be audiotaped so the trainer can check the reliability of the administration and response recording of the interviewer.

4. Finally, each site will provide an unfamiliar mother of a one-month-old for the trainee to conduct an actual home visit. This interview must be audiotaped and reviewed by both the trainer and interviewer before the trainee actually begins doing home visits. For this mock visit, the trainer is to accompany the trainee but sometimes it is not practical to actually listen to the administration of the entire protocol. This can be done on return using audiotape. Since we need to be sure that the interviewer is reliably filling out all of the information on the protocol, the visit must be taped even if the trainer accompanies the trainee.

On the basis of steps 3 and 4, the trainer will have four protocols to score for reliability. There are two aspects of assessing reliability for the One-Month Visit. First, the trainer must assess whether the interviewer is reliable in terms of administering the One-Month Visit according to protocol. To assess this, the trainer will listen to the audio recordings of each interview and complete the "Monitoring Form" (See Appendix E). Second, trainers need to determine whether responses are reliably recorded.

To begin home visiting, all interviewers, regardless of the specific procedures used to train them, must reach the following two criteria on the last two practice interviews on unfamiliar mothers: (1) they must score at least 125 (out of a possible 140) on the Monitoring Form with no score for any category below a ten; (2) they must be between 95% and 100% reliable with the trainer in terms of response coding. If the interviewer fails to achieve this degree of reliability, she must repeat steps three and four on the mock interview process until she achieves these criteria.

### B. Quality Control

After considering a number of suggestions regarding reliability, we believe that audiotaping is the best solution to address everyone's concerns. Some sites have pointed out that videotaping the visit may be too intrusive and would not really yield a picture of a typical home visit. Other sites have also pointed out that it is not always feasible to have another interviewer go along on the visit and unobtrusively listen to the home visit and record the information simultaneously. We believe that audiotaping the visit is much less intrusive than videotaping and more practical than having another person go out to the home and listen to the proceedings.

To ensure high inter-Visitor reliability at each site, each Interviewer will audiotape her first and second interview and the first interview of every month thereafter. To assess the reliability of response coding, each audiotape will be independently scored by each Visitor at the site. The trainer will then compare these to make sure that all interviewers are reliable within 95-100%.

To assess the reliability of the administration of the protocol, experienced interviewers will listen to the audiotapes and complete the Monitoring Form. Initially, the trainer(s) will be responsible for completing all of the Monitoring Forms. Once the actual home interviewers are reliably conducting visits, they can complete the Monitoring Forms on each other. Fowler and Mangione (1990) suggest that involving interviewers in the monitoring process is beneficial to maintaining reliability. By doing so, the interviewers will remain very aware of the standards by which their own performance is being assessed. Of course, the original trainers will still want to supervise this process and complete Monitoring Forms from time to time.

If at some point the interviewer fails to meet the criteria for reliability in either the administration or scoring of the One-Month Interview, her home visits should cease until further training is given. If the interviewer is failing to follow procedures reliably (i.e., a score below 190 and no score below ten on any single item on the Interviewer Monitoring Form) the interviewer will then need to conduct more mock interviews with mothers until two consecutive interviews meet the reliability criteria again. If the interviewer is not reliable in terms of scoring the mother's responses properly, she should be given audiotapes of interviews not previously scored, and score two consecutive interviews to the 95-100% criterion before beginning home visits again. If the interviewer stops conducting home visits because of issues of reliability, the monitoring schedule should begin anew when she begins conducting home visits again (i.e., the first two visits audiotaped and the first interview of every month thereafter).

### C. Cross-site Reliability

To increase reliability across the sites on the administration of the One-Month Interview and Questionnaires, we will establish the reliability of one individual at each site who is maintaining inter-rater reliability with all other interviewers (usually the site coordinator or the supervisor of the family interviewers). For simplicity, we'll refer to this individual as the Site Coordinator in the following description.

Each Site Coordinator will receive a packet of 6 tapes of actual interviews and documentation. The Site Coordinator will score the first two tapes, using the Interviewer Monitoring Form. If the Site Coordinator's scores are 95-100% comparable to the criterion scores provided with the packet, the Site Coordinator has reached criterion and can stop. If the scores are below 95% agreement, then the Site Coordinator will review the documentation for the first two tapes which explains how the scores were derived. If the Site Coordinator still has question about scoring, s/he can call Nancy Marshall at the UNH/Wellesley site, to discuss scoring. The Site Coordinator then scores the next two tapes. If s/he reaches 95-100% agreement, s/he can stop. If s/he is below 95%, s/he reviews the documentation for these two tapes and scores the remaining two tapes. If 95-100% agreement is not reached, the Site Coordinator contacts Nancy Marshall for information on further training.

## G. Appendix G: Developing Safety Guidelines

The safety of the Visitors on this project is an important concern. So long as a site has written guidelines that are not overly exclusionary, a site may exclude a family on the basis that it is not safe for RA's to visit the family's home or child-care situation.

We at the Temple Site have found the Philadelphia police to be very helpful. We have met with crime-prevention officers in those precincts where our families are expected to live. They have provided us with information about the safety and other crime-related concerns in various areas. The police have said that, in some cases, it is difficult for them to predict which areas of the city will be unsafe for Visitors 6 months from now. In addition, they have reported that crime cuts across all areas of the city. In every precinct, the police are willing to work with us throughout the project to provide information and extra police coverage if needed.

The safety needs of your site may differ somewhat from those at the Temple site. We have decided to take the information from the police officers and develop guidelines that are specific to Philadelphia. We have made a color-coded map of the city. Red areas are those areas in which the police have said either that we should not visit at this time or that they could not guarantee our safety. We will not be visiting families who live in red areas. Yellow indicates those areas where the police have said to be careful and to call them before visiting a family. In Philadelphia, the police have been very cooperative. For example, they are willing to announce at their roll call that researchers will be at a certain address on a particular day. They are also willing to provide extra police escorts or drive-bys during the time we will be in an area. Visitors will plan to include families who live in "yellow areas." However, after reviewing and following these safety guidelines, if Visitors feel that a particular situation poses a threat to their personal safety (see guidelines in the Safety section of the Operations Manual), they are not to enter that situation. Since we are sending two visitors to all home visits, this decision will be arrived at jointly.

The specific guidelines developed by each site may differ. Also, access to certain types of information such as police reports may vary across sites. Each site, however, must have written guidelines. Any exclusions on the basis of safety will be justified to the data center in terms of these guidelines. We have included, as an example, the form the Temple site will use to report safety exclusions to the Data Center in Appendix D.

The safety of the Visitors is most important. They should not be placed in situations where they feel threatened. However, they also need to be aware of how they can increase their safety in any given situation. Most of that involves common sense; however, it may be helpful for them to review the safety information in the Operations Manual.

## H. Appendix H: Principle 9. of the "SRCH Ethical Standards for Research with Children"

Appendix H: Principle 9. of the "SRCD Ethical Standards for Research with Children"

## ETHICAL STANDARDS FOR RESEARCH WITH CHILDREN

The principles listed below were published in the Winter 1990 SRCD Newsletter and are a revision of the standards last included in the 1987 Directory.

**Principle 1.** **Non-harmful procedures**: The investigator should use no research operation that may harm the child either physically or psychologically. The investigator is also obligated at all times to use the least stressful research operation whenever possible. Psychological harm in particular instances may be difficult to define: nevertheless its definition and means for reducing or eliminating it remain the responsibility of the investigator. When the investigator is in doubt about the possible harmful effects of the research operations, consultation should be sought from others. When harm seems inevitable, the investigator is obligated to find other means of obtaining the information or to abandon the research. Instances may, nevertheless rise in which exposing the child to stressful conditions may be necessary if diagnostic or therapeutic benefits to the child are associated with the research. In such instances careful deliberation by an Institutional Review Board should be sought.

**Principle 2.** Informed consent: Before seeking or assent from the child, the investigator should inform the child of all features of the research that may affect his or her willingness to participate and should answer the child's questions in terms appropriate to the child's comprehension. The investigator should respect the child's freedom to choose to participate in the research or not by giving the child the opportunity to give or not give assent to participation as well as to choose to discontinue participation at any time. Assent means that the child shows some form of agreement to participate without necessarily comprehending the full significance of the research necessary to give informed consent. Investigators working with infants should take special effort to explain the research procedures to the parents and be especially sensitive to any indicators of discomfort in the infant. In spite of the paramount importance of obtaining consent, instances can arise in which consent or any kind of contact with the participant would make the research impossible to carry out. Non-intrusive field research is a common example. Conceivably, such research can be carried out ethically if it is conducted in public places, participants' anonymity is totally protected, and there are, no foreseeable negative consequences to the participant. However, judgments on whether such research is ethical in particular circumstances should be made in consultation with an Institutional Review Board.

**Principle 3. Parental consent**: The informed consent of parents, legal guardians or those who act in loco parentis (e.g. teachers, superintendents of institutions) similarly should be obtained, preferably in writing. Informed consent requires that parents or other responsible adults be informed of all the features of the research that may affect their willingness to allow the child to participate. This information should include the profession and institution affiliation of the investigator. Not only should the right of the responsible adults to refuse consent be respected, but they should be informed that they may refuse to participate without incurring any penalty to them or to the child.

**Principle 4. Additional consent:** The informed consent of any persons, such as school teachers for example, whose interaction with the child is the subject of the study should also be obtained. As with the child and parents or guardians informed consent requires that the persons interacting with the child during the study be informed of all features of the research which may affect their willingness to participate. All questions posed by such persons should be answered and the persons should be free to choose to participate or not, and to discontinue participation at any time.

**Principle 5. Incentives:** Incentives to participate in a research project must be fair and must not unduly exceed the range of incentives that the child normally experiences. Whatever incentives are used, the investigator should always keep in mind that the greater the possible effects of the investigation on the child, the greater is the obligation to protect the child's welfare and freedom.

**Principle 6. Deception:** Although full disclosure of information during the procedure of obtaining consent is the ethical ideal, a particular study may necessitate withholding certain information or deception. Whenever withholding information or deception is judged to be essential to the conduct of the study, the investigator should satisfy research colleagues that such judgment is correct. If withholding information or deception is practiced, and there is reason to believe that the research participants will be negatively affected by it, adequate measures should be taken after the study to ensure the participant's understanding of the reasons for the deception. Investigators whose research is dependent upon deception should make an effort to employ deception methods that no known negative effects on the child or the child's family.

**Principle 7. Anonymity:** To gain access to institutional records, the investigator should obtain permission from responsible authorities in charge of records. Anonymity of the information should be preserved and no information used other than that for which permission was obtained. It is the investigator's responsibility to ensure that responsible authorities do, in fact, have the confidence of the participant and that they bear some degree of responsibility in giving such permission.

**Principle 8. Mutual responsibilities:** From the beginning of each research investigation, there should be clear agreement between the investigator and the parents, guardians or those who act in loco parentis, and the child, when appropriate, that defines the responsibilities of each. The investigator has the obligation to honor all promises and commitments of the agreement.

**Principle 9. Jeopardy:** When in, the course of research, information comes to the investigator's attention that may jeopardize the child's well-being, the investigator has a responsibility to discuss the information with the parents or guardians and with those expert in the field in order that they may arrange the necessary assistance for the child.

**Principle 10.** Unforeseen consequences: When research procedures result in undesirable consequences for the participant that were previously unforeseen, the investigator should immediately employ appropriate measures to correct these consequences, and should redesign the procedures if they are to be included in subsequent studies.

**Principle 11. Confidentiality:** The investigator should keep in confidence all information obtained about research participants. The participants' identity should be concealed in written and verbal reports of the results, as well as in informal discussion with students and colleagues. When a possibility exists that others may gain access to such information, this possibility, together with the plans for protecting confidentiality, should be explained to the participants as part of the procedure of obtaining informed consent.

**Principle 12.** Informing participants:Immediately after the data are collected, the investigator should clarify for the research participant any misconceptions that may have arisen. The investigator also recognizes a duty to report general findings to participants in terms appropriate to their understanding. Where scientific or humane values justify withholding information, every effort should be made so that withholding the information has no damaging consequences for the participant.

**Principle 13. Reporting results:** Because the investigator's words may carry unintended weight with parents and children, caution should be exercised in reporting results, making evaluative statements, or given advise.

**Principle 14. Implications of findings:** Investigators should be mindful of the social, political and human implications of their research and should be especially careful in the presentation of findings from the research. This principle, however, in no way denies investigators the right to pursue any area of research or the right to observe proper standards of scientific reporting.

Principle 9. of the "SRCD Ethical Standards for Research with Children", SRCD Directory of Members, 1990-91, University of Chicago Press, Chicago, pp. 349-350.

# Chapter 6

## Section 2

## ADMINISTRATION OF THE ONE-MONTH HOME VISIT

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# Chapter 6

## Section 2

# ADMINISTRATION MANUAL FOR THE ONE-MONTH HOME VISIT

### I. INTRODUCTION

This section provides specific information about the questions included in the interview portion of the One-Month Home Visit and the instructions for the questionnaires to be administered at one month. In addition, it will serve as the archival description of the way in which interview and questionnaire data were collected.

It is vital to the success of the NICHD Study that the overall format and content of every One-Month Interview be alike. Please refer to Section 1, Operations Guide for the One-Month Home Visit for specific instructions regarding the way the interview is to be conducted.

This manual will be modified if necessary during training and data collection. Any suggestions for additions or amendments should be addressed to Marion O'Brien at the Kansas site and Kaye Fendt at the Data Coordinating Center.

## II. FORMAT OF THE ONE-MONTH INTERVIEW

Every Interviewer should become thoroughly familiar with the format, layout, and questions of the One-Month Interview. Because of the many different family situations we expect to encounter during this study, the questions have been written to try to cover a great variety of responses. It is not possible, however, for the questions to suit every situation perfectly. At times the Interviewer must adapt a question slightly so as not to appear insensitive to a mother. (See Section 1, Operations Guide for the One-Month Home Visit for procedures to follow in the rare situations when questions can be modified.)

Within each section of the interview, there are a number of choice points when the Interviewer must skip over particular questions or sets of questions because they are not relevant to a particular situation. It is important that each home visitor be completely at ease with these choice points so that the interview can proceed smoothly and the mother be unaware of the many coding decisions and question selection decisions the Interviewer is making.

The conventions followed in this interview protocol are:

1. The directions to the Interviewer that are not intended to be read to the mother are printed in ALL CAPITAL LETTERS. The questions and comments to be read to mothers are printed in upper- and lower-case type.

2. The Interviewer is expected to continue to the next question unless instructed otherwise by a GO TO or choice point instruction.
3. Questions that must fit more than one situation are worded so that the choices between two wordings are in parentheses. Example: *How long (were you/will you be) able to stay at home?* The Interviewer is expected to choose the correct wording for this particular situation, not read both options. This requires that the Interviewer have the questions clearly in mind and understand the different possible situations to which they refer.
4. Questions in which a person's name (or other specific information) is to be used indicate the missing information in capital letters, as, for example: *Our records show BABY was born DATE.* The question should be read as, *Our records show Joshua was born February 4.*

### A. Marking the Forms

The mark-sense forms used for the interview must be filled in carefully. Use a #2 pencil and be sure to blacken the entire space to indicate the mother's response. Whenever there are 2 columns of numbers, as for month and day, for example, mark both columns. If your response requires only one digit, mark 0 in the first column.

For example, to record a birth date of February 4, 1990:

| MONTH | | DAY | | YEAR |
|---|---|---|---|---|
| 0 | 2 | 0 | 4 | 1990 |
| ■ | 0 | ■ | 0 | ■ |
| 1 | 1 | 1 | 1 | 1 |
| 2 | ■ | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | ■ | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

The blanks above the columns are for your convenience in recording mothers' responses. Often it will be quicker to simply write in the response and then darken the mark-sense bubbles later. This is especially true for complex questions that have several sets of responses, such as the household information.

In response to some questions, a mother may give you additional information that is not coded but that you want to record in order to demonstrate that what she wants to tell you is important, and also to help build rapport with the mother. You can write such information on the forms as long as you do not write over the mark-sense spaces. Try to keep your notes to the left side of the page. These notes are for your own use only. They will not be interpreted or used by the Data Coordinating Center. All data must be clearly entered in mark-sense format in order to be captured as part of the data base.

## III. INTERVIEW SCRIPT

The interview data forms contain only a few brief sentences to introduce or close sections. These were included to remind you to explain to the mother what is going to happen next. They do not have to be read exactly as they are written, but it is important to let mothers know what the general topic of your questions is going to be in advance. Interviewers can phrase these introductory and transition sentences in their own words. Once you begin the questions, however, they must be read exactly as they are written. The only exception to this rule is the occasional situation where the information requested is obvious or already known to the interviewer. In these cases, the Interviewer may reword the question as a statement, confirming with the mother that the information obtained previously is accurate. Please refer to the Operations Manual for the One-Month Home Visit for complete instructions for standardizing the interviews.

At the beginning of the home visit allow yourself time for some informal conversation with the mother and a chance to "ooh and ah" over the baby before settling down for the interview. Introduce yourself by name; wearing a name tag may help the family remember who you are. Follow the basic instructions in the Operations Manual for conducting the interview.

Before beginning the actual interview, it is important to give the mother some general information about the way you will be conducting the interview and what your expectations are. To explain the purpose and format of the interview, say something like:

*"During today's visit, I'd like to ask you some questions about your experiences as a parent so far, as well as some of your expectations and plans for the future. I'll be asking you some of these questions as part of our interview, while others will be asked in the form of some brief questionnaires which I will ask you to fill out. All this should take no more than about an hour and a half, OK?"*

(If there are site-specific tasks, explain these here as well.)

To explain the Interviewer's and mother's roles, say something like:

*"In the interview part of our visit, I will read you a set of questions exactly as they are worded. This is so that every*

*mother in the study is answering the same questions. I'll be asking you to answer two kinds of questions. In some cases, I'll ask you to answer in your own words. In other cases, I will give you a list of answers and ask you to choose the one that fits best. If at any time during the interview you are not clear about what I would like from you, be sure to ask me."*

Mothers have different ways of responding to interview questions. Some are very precise and specific, but others tend to give vague responses or answer in general ways that are not codable. You can encourage mothers to be more specific by enlisting them as partners in the process of data collection. For example, if a mother responds to the question,

*"How long were you in the hospital after BABY was born?"*

by saying

*"2 or 3 days"*

you can say,

*"I need to record one answer. Were you in the hospital 2 days or 3 days?"*

If the actual amount of time was somewhere in between, you can explain to the mother how we round up or down to come up with a single answer. The next time the mother responds with a range of numbers instead of a single answer, follow the same procedure. Usually after two reminders, mothers will understand the requirements of the interview and begin to give you codable responses without prompting.

## IV. INTERVIEWING TECHNIQUES

Be sure to read all questions exactly as they are worded. If the wording seems awkward to you, practice saying the questions aloud until you feel comfortable with them.

It is essential that you cover the content of every question during the interview. There are a few questions whose answers may be obvious to you. For example, if you have observed the mother breast feeding the baby, you know the answer to Question 35 on Form 2A, *"Are you breast feeding BABY?"* In this case, you can say something like, *"And I see you are breast feeding BABY,"* making the question into a statement for the mother to confirm. You cannot assume information without confirming it, even if it seems self-evident.

On some occasions, mothers may volunteer information during one part of the interview that you will ask them later. Remember what they have said, but do not flip through the interview pages to record that information. Instead, when you come to the relevant section, confirm the information you have received and ask, *"Is there anything else?"* For example, if the mother tells you when you first come to the home that her husband is sleeping because he works nights, when you come to Question 57 in Form 2A, *"What times of day does he work?"* you can say something like, *"You told me earlier that HUSBAND works nights. What times of night does he work?"* Whenever you are confirming information with the mother, use the wording of the question as written to the greatest extent possible.

Because the interview cannot exactly fit every possible situation for all the mothers in the study, there will at times be questions that seem to you inappropriate. In these unusual cases, you can say something like, *"The next question asks..."* Done politely and without belittling the question, this approach lets the mother know you are attuned to her individual situation, but also that you have a job to do and you take it seriously. An example is the situation where the baby's father is providing child care. When you come to the question that asks, *"How much do you pay each week for this care?"* you can say, *"Next we want to know, 'How much do you pay for this care?'"* Give the mother an opportunity to respond to the question so that you are certain of the answer. You cannot skip over the question and simply assume the father is not being paid.

Do not interpret or reword questions. If a mother asks for clarification of a question or word, try repeating the question, perhaps with a slight change in intonation.

Sometimes mothers may ask the meaning of a question that has a set of multiple-choice answers. In this case, you can read her the options so she can select one of the choices. If the mother asks for further clarification, say something like:

*"I see your problem with this question. Even though these questions are carefully tested, sometimes we have one that is not quite clear to some people or which doesn't quite fit everyone's situation. We need mothers' best answers to the questions as they are written. That way, we can compare your answers with other mothers'... Let me read the question again and you give me the best, most accurate answer you can, given the way it was written." (Fowler and Mangione, 1990, slightly paraphrased, p. 51-52)*

If the mother asks for a definition of a particular word, the Interviewer may provide a brief definition, but should not interpret the intent of the question. For example, the Interviewer can respond to a question about the word "depressed" by defining it as "sad, low in spirits" but should not say, "when you feel really down for a long period of time." If the mother asks for interpretation, say, *"We want to know what you think. Please give me the best answer for you."* For further rules regarding defining words for mothers, please consult Section 1, the Operations Guide.

## V. FACE SHEET/INTERVIEW RECORD

The front sheet of the One-Month Interview Form is for use by the project staff at each site to help keep track of individual families. **This sheet will not be sent to the Data Coordinating Center.** The second sheet is the official record of the interview and should be included with materials sent to the Data Coordinating Center.

Before leaving for the interview, on the first face sheet, record the mother's and baby's names, the family's address and phone number, the baby's birth date and gender, and the mother's age. Also record any special instructions about getting to the family's home (driving directions, parking, etc.). Information about travel time and mileage to the site are recorded during the visit so that future visitors will know how much travel time to plan. The name of the Interviewer is also recorded.

Before leaving for the home visit, check to be sure you have all the materials needed for the interview, using the checklist on the face sheet.

After the interview, once back at the project office, the face sheet should be separated from the data portion of the interview form. The data will then be checked and sent to the data center. The face sheet should be filed in the family's folder along with the Questionnaire Log Sheet and Interview Report Form, after discussing any problems or concerns with the Site Coordinator and/or Principal Investigator for your site.

See the Operations Manual for the One-Month Home Visit for more information about these records.

A second face sheet is attached to the front of Sections 1 and 2 of the interview forms. These are for identification of the subject, the interviewer, and the date of the interview. Be sure these are completely filled out before sending interview data to the Data Coordinating Center. It is wise not to fill them out in advance of the interview, however, in case of last-minute cancellations.

## VI. INTERVIEW SECTION 1

### A. Part 1: Household Data

Questions 1-2

Verify information about baby's birth date and gender to be sure earlier records are accurate. The information will be recorded on the face sheet, so you can check it with the mother.

You may feel a bit foolish asking about the baby's gender but it is important to confirm this information with the mother. Remember that it's OK for you to look a little silly here in the interest of getting accurate data. There just might be a boy named Sue.

Question 3

Ask the mother to determine the baby's birth order. Birth order for the purpose of describing our sample is defined as "number of live births to mother." You do not have to delve into the mother's reproductive history, which is intrusive and may be uncomfortable for her. All you need to learn is how many other children she has had. We will also obtain information on the number of children living in the household in Question 5.

### Question 4

Verify the mother's age, as recorded on the face sheet, to be sure earlier information is accurate.

### Questions 5 and 6: Household Chart

The household chart is an important part of the description of the baby's environment and will serve as a baseline for evaluating the frequency of change in children's living situations. In addition, knowing who lives in the household will help the project staff communicate more effectively with the mother and other family members.

Ask the mother to name all the people who live in the household, and list them on the chart in the order the mother names them. For each person, record their first name and their relationship to the mother and to the baby. Record these in the mother's words, probing as you need to for further information. Each household resident should receive two codes, one for his or her relationship to the mother and one for his or her relationship to the baby. Codes are listed above the chart. It is most important during the interview to record what the mother tells you; coding of relationships can be done while the mother is filling out questionnaires or back at the office.

If the baby's father is temporarily away from home (for example, serving in the military), he should still be coded as a part of the household, and the remainder of the interview conducted considering him to live in the household.

Children who live in the household part of the time (every other weekend or for 6 weeks during the summer, for example) should be recorded on the chart in Question 6.

## Questions 7, 8, and 9: Ethnicity CARD 1

The questions on ethnicity naturally follow the household-composition questions. Hand the mother Card 1 as you read the question. If you are matter-of-fact about these questions, mothers will be too. Ask the question for mother, father, and baby even if mother and father are in the same ethnic group. You can say, *"And BABY?"* instead of repeating the entire question, but you cannot choose a response without asking the mother or confirming the correct response with her.

The reason that race or ethnic group does not include a Hispanic category is that Hispanic is not literally a race or an ethnic group. People can be Hispanic and also be in any of the group (A) categories. Also, this is the way ethnic background is being coded in the 1990 census, and so we will be able to compare our data with the overall U.S. population estimates. If Hispanic or other families have trouble with the question, you might ask them if they remember how they responded on the census.

If a mother lists an "other" category such as Scottish or French Canadian, it would be a good idea to write this down, but the person should be coded in category (4) white. Here you would also want to confirm your coding with the mother. For example, you might say, *"Then you would consider yourself _____?"* Similarly, if a mother gives you a religious group, write it down but ask her to choose one of the other categories. If the mother reports the child to be "Native American" when you do not think so, you might say, *"Do you mean American Indian or born in the U.S.?"* If you are given a label that you do not recognize or know how to code, write it down and check with your P.I. later. Also, do not accept an "other" response without a specific category to record.

### Questions 11-13

Some mothers who have no contact with the baby's father may be irritated by these questions. You can say, *"I'm sorry, but we need to have the same information on all the families in the study. We'll be able to drop this topic from now on."*

Question 11 is intended to establish the mother's legal and emotional relationship to the baby's father. Response 1:

Separated means that the mother is now married to the baby's father but they are not currently living together by choice. Use these follow-up questions if the mother's initial response is incomplete:

Are you now married to FATHER?

Were you ever married?

Would you say you still have a romantic relationship?

Question 14

Note that if the mother reports no one with whom she has a close emotional or romantic relationship at this time, that the final questionnaire (Love and Relationships, Forms 3I and J) is omitted. The intent of this question is to establish the existence of a spouse-type partner in the mother's life, not to determine her social network. Thus, if she responds by saying, "My sister," or "My mother," fill in NO and move on.

### B. Part 2: Health

Question 18

Read the four choices to the mother and get her description of her overall health. Do not try to interpret her answer, even if you think differently than she does.

If mother begins talking about her health problems, move through Questions 19 and 20 getting specific responses as quickly as you can without being rude. Do give the troubled mother a chance to complain or explain, but do not encourage long descriptions of health problems. Often, a sympathetic, *"I'm sorry to hear that,"* followed immediately by the next question, will get the conversation back on track.

Do record health problems described by the mother as these may be important in her ability to (a) work and (b) provide care for her baby. Also, it will help build rapport with the mother when you ask specific questions about her health the next time she is called.

Questions 19, 20, 22, and 23

If mother indicates any kind of health problem, get her description of the problem and record what she says. Much of this specific information is primarily useful to your site in becoming acquainted with the family and keeping track of events that may influence participation in the study. You will want to record chronic or serious illnesses in your tracking log so you are aware of them when you next contact her.

A chronic health problem is one that requires repeated visits to a physician or clinic for treatment or an extended regimen of medication or therapy. The interviewer should record anything the mother reports as a chronic problem.

If the existence of a health problem does not get mentioned until Question 21, clarify whether this is a chronic problem by saying, *"Can you help me understand? Would you say*

_____ *was a chronic health problem for you?"* If the answer is yes, then record this information under Question 19.

Questions 25 to 27

These probes are intended to give you further information on the perinatal health of mother and baby. If mother was in the hospital a longer time than you would expect given the health information you have collected so far, go back and ask a variant of Question 23 again: *"Did you have some problems at delivery that kept you in the hospital?"*

If the baby stayed in the hospital longer than the mother or longer than usual for a healthy baby at that hospital, be sure to record the reason under Question 27.

To record days when the mother reports hours or parts of days (i.e., "a day and a half"), consider a day as equivalent to more than 12 hours. Thus, if the baby was born at 5 a.m. on January 14 and the mother was discharged January 15 at noon, record 1 day. If the mother was not discharged until 7 p.m. on January 15, record 2 days. It is not necessary to get the exact hours or to quiz the mother. Often you can simply ask, *"Was it closer to one day or to two days?"*

Question 28

As with Question 18, read the mother the four choices and record her response. Do not try to interpret her answer for her, even if you think two runny noses are not a good reason to rate the baby's health as "fair". You can add your notes about the mother's response, but you must code the answer the mother gives you.

Question 32 and 33

When you ask the mother how many times the baby has been to the doctor, she will often begin to tell you the reasons. You can move immediately to Question 33 and walk her through the responses. To slow her down, giving you time to record, you can simply repeat what she is saying and confirm it. Your conversation might sound like this:

I: *"How many times?"*

M: *"Well, we went in early March for shots and then he got a bad cough..."*

I: (Turn to Question 33.) *"So he had a routine check up and immunizations in March?"* (Mark response 1.)

M: *"Yes, and then he got sick."*

I: *"Was this a follow-up of an earlier problem or chronic condition?"*

M: *"No, this was the first time he'd been sick."*

I: *"So you took him to the doctor for a cough. What did the doctor say was wrong?"* (Mark response 3.)

M: *"He had bronchitis."*

I: *"Was Kevin hospitalized for that?"*

M: *"No, but he was sick for a week."*

I: *"Has Kevin been to the doctor for anything else?"*

M: *"No, those are the only two times."*

I: (Record 02 under Question 32.)

Repeating and confirming the information with the mother allows you to obtain accurate information in a conversational manner.

### Question 37

To calculate weeks if the mother reports time in days, use the following conversion:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 2 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks

### Choice Points

Consider the mother to have a husband or partner "involved" if she is romantically or financially involved with someone, or married to someone, even if he does not live in the same household.

### Question 38

As with the earlier general health questions, read all the responses and record the mother's choice. Do not interpret her response.

Question 39

A chronic health problem is one that requires repeated visits to a physician or clinic for treatment or an extended regimen of medication or therapy. The Interviewer should record anything the mother reports as a chronic problem.

Question 40

This question differs from Question 39 in asking specifically about medical visits in the last year. If the husband/partner is being treated for a chronic condition reported in Question 39, mark YES to Question 40 and in the blank indicate same as above. Also ask, *"Was there anything else?"* and record any other reasons for seeing the doctor.

Questions 41 and 42

These questions are intended to find out anything about the family's health that may influence the family's participation in the study or the kinds of responses you may get. These narrative responses will not be coded as data but will be used at your site to help you communicate with the family.

### C. Part 3: Father/Partner Employment

If the baby's father lives with the family, get information only about the father. If the baby's father does not live with the family, then you need to refer back to Question 13, which indicates whether the mother receives financial support from the father. If yes, get whatever information you can about the father's work situation. If mother has a partner who is not the baby's father, and has no contact with the baby's father, get information about the partner. If the baby's father provides financial support but the mother has another partner (this will not happen often), get information about both, using a separate set of employment forms for one of them. Please mark the box at the top of page 13 if an additional set of forms is used. Also indicate at the top of page 13 whether the form contains information for father or for partner.

At the start of this study, some of the parents may be serving temporarily in Saudi Arabia. If the father has been called up temporarily, record occupation or student status prior to this service, but make a note at the top of page 14 indicating that he is serving in the military, his rank, his current location, and the date he began his tour of duty.

## Question 43

This open-ended question allows you to find out what kind of job situation you are asking questions about. It is not intended to be a complete description of the husband's/partner's work situation and will not be coded. This is an opportunity to find out whether the husband/partner has one job or two, is self-employed, is temporarily assigned to submarine duty, or is working as a night clerk to finish up law school by June. This information can guide you in how to ask questions and how to interpret the responses as well as where you need to probe more fully to get a complete picture. You will get a more specific description of the husband's/partner's occupational classification beginning with Question 49.

### Question 47

"Going to School" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course in conversational Spanish just for the fun of it does not count as going to school, nor does a parenting class offered by the local hospital. On the other hand, if the baby's father is required by his employer to take the Spanish class because he is going to attend a sales conference in Chile, then it should be recorded.

### Question 48

This question asks about current status, that is, educational attainment at this point in time. Therefore, if the father/partner is currently attending college, you would mark 14 to indicate some college but no degree. Further, you would mark 14 to indicate some college, whether he was in his first, second, third, or fourth year -- so long as he had not yet graduated.

Question 49 and 50

If you know the husband's/partner's job title from the mother's response to Question 43, you confirm it here: *"And you told me HUSBAND/PARTNER was an English teacher."* If the job title was not clear from the earlier conversation, ask, *"What is his position title?"*

In this section, we are collecting information about the husband's/partner's current job situation, as of the day of the interview. We will update this information every 3 months during the course of the study. If the mother reports that the husband's/partner's current situation is very unusual (for example, he is working as a melon weeder for the summer while looking for a job as a corporate lawyer), assure her that we will learn about the job changes periodically and record information about current employment. If, on the other hand, the father has a temporary summer job because he is a schoolteacher, record information about the teaching job, if the mother defines that as his primary job.

Question 50 needs to be asked only if the position title (Question 49) is not self-explanatory. If the position title is Elementary School Teacher, for example, you can skip Question 50. But if the mother says her husband is a Retrofit Specialist, you should probe for a more understandable description of his job.

### Question 51 and 52

Question 52 should be asked only if the response to Question 51 is not self-explanatory. If the employer is well-known to you, do not ask Question 52.

### Question 53

Use the occupation coding definitions provided (Appendix A) to code occupational category. Verify your coding with the mother only if you are unsure of the husband/partner's occupation. In that case, find an entry on the occupation coding chart that you think fits his job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have found that the father works in a lab for an environmental consulting firm but the mother is vague about his duties, you look on the occupation coding chart and find two possibilities. Ask *"Would you describe him as a* ***biological or life scientist*** *(Professional category) or a* ***biological technician*** *(Technician category)?"*

If the occupation is a common one, you can code it later rather than taking the time to look up the classification in the home. If you are not sure the occupation is listed it is best to check before you leave the home, but this can be done while the mother is filling out questionnaires.

## Question 54

This income estimate should include all jobs, not simply the primary occupation coded in Question 53. If you know the husband/partner has two jobs, probe to be sure you are getting total income.

Some mothers will not know how much their husband/partner earns. Get them to give their best estimate. You might say, *"Even though you may not be exactly right, we'd like you to make your very best estimate."* Explain to the mother that you need to have an answer to every question.

## Question 55

Be sure to ask whether the estimate you are given is before taxes.

## Question 56

The response to Question 56 should include total hours working at all jobs. The following questions also concern all jobs. The issue we are interested in is how much time he is available to help with child care and other home responsibilities.

If the mother replies that he works "full-time," explain the kind of response needed. For example, say, *"I need to get a specific number of hours. Please give me your best estimate of how many hours a week he works."* Give the mother an opportunity to tell you what his actual work hours are. If the mother gives you fractions of hours (as 37½ hours) round to the nearest whole number, counting 0.5 or more as the next higher number and anything less than 0.5 as the next lower number.

If the husband/partner works a variable number of hours, record the average number of hours per week he has worked for the past month. Work at home for which he is paid should be included. If he is a professional who regularly brings work home, the hours spent on work that is part of his paid employment should be counted.

If the mother reports that the husband/partner is away from home overnight on a regular basis, or that he often has job assignments that take him away from home for periods of several days or weeks at once, code Question 56 as 99.

## Questions 57 and 58

If husband/partner's work falls within one of the time periods listed in Question 57, record that period even if he does not work the whole time. For example, if he works from 8 a.m. to noon, record (1) Daytime. If he regularly works hours that overlap the intervals listed, record both times. For example, if he works on PBS Radio's Morning Edition, his hours may be 4 a.m. to noon. You would record both (1) Daytime and (3) Night. If he changes shifts from week to week or month to month, record (4) times vary.

If a husband/partner has more than one job, he may regularly work at more than one of the times a day indicated on Question 57. Mark all that apply. However, if some weeks he works days and other weeks nights, mark (4) Times Vary. If a husband/partner with two jobs has two completely different situations with regard to Question 58, ask the mother how she would characterize the "typical" situation for him.

Question 60

Often mothers do not know exactly what types of leave were arranged. Be patient, and let the mother know what the choices are. If she is not sure, ask her to give you her best answer, even though it may not be completely right.

Parental leave is defined as time off specifically designated for care of dependent children. If this is then deducted from sick leave, it should be recorded as sick leave, not parental leave, but if the mother considers it parental leave, record it that way. Often fathers will combine more than one type of leave. Indicate all the types used and how long each was used.

If the father has a seasonal job or other unusual work situation and was off from work when the baby was born, record the circumstances under Other.

### Question 61

If mother replies in days, use the following conversion:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 2 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks

### Question 62

The intent of this question is to find out how much time the mother's husband or partner spends doing school work - time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 to 3:30 for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled multiplied by 3 to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours' credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

If the mother does not know the number of credit hours, ask her to estimate the amount of time her husband/partner spends at school and in school-related work each week and record that figure.

### Question 64

Leave from school is sometimes difficult to determine. If the father/partner was off from school during the time of the baby's birth and homecoming, for whatever reason, record YES and indicate the circumstances. The intent of the question is to find out whether the father/partner was home/available to help with the new baby.

### Question 65

If mother replies in days, use the following conversion:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 2 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks

## VII. QUESTIONNAIRE SECTION 1

The printed forms contain two brief introductory sentences to remind you to explain to the mother what is happening next. You don't have to say these two sentences exactly. So when you reach the first questionnaire section, you say something like "Now I have some questionnaires for you to fill out yourself. If you have problems with any of the questions, please let me know." Just be sure to let mothers know that they should ask if they don't know what they are supposed to do. Also point out to the mother that she will blacken in her answer as completely as possible in the appropriate space with the pencil which you will be handing her at this point.

Give the questionnaires to the mother, one at a time, using a clip board or some hard writing surface (not a clipboard, which creases the forms.) The printed forms contain brief instructions for each questionnaire which you can say out loud (see specific administration information for each questionnaire). However, encourage the mother to carefully read the instructions for herself.

When the mother finishes each questionnaire merely say "thank you," not "that's great" or even "fine." It is common for people to worry that they are doing questionnaires "right" (more about that later), so don't use any evaluative words that make them feel that you are judging whether they did it "right" or not. Also, maintain some physical distance if possible so that the mother doesn't feel that you are looking over her shoulder. You may want to inconspicuously monitor her just at the first to see that she is starting off correctly.

As you take up the first questionnaire, say something to the mother like "*Do you mind if I look quickly at these when you are finished just to see that all the spaces got filled in?*" The mother will probably say that's OK; then just quickly scan for blanks. Ask the mother to fill them in if you find missing spaces. If the mother says she doesn't want to answer that question, say "fine" and record on the questionnaire log that she refused to answer an item. If she says that she didn't know how to answer an item, ask her for her best answer. If the problem is that she doesn't understand a word, you can define a word for her (more about that later). If the mother does not want you to scan the questionnaires, ask her if she will quickly scan it for missing items for you. When this is complete (whether you scan it or the mother scans it), place the questionnaire in an envelope so that it is clear to the mother that her answers are now out of sight. If you find missing data when you get back to the office that you didn't detect, call the mother as soon as possible and get the missing response by phone.

If it appears that the mother cannot read, or if she is taking a very long time (very poor reading skills), you may offer to help her read. Do this only when you really feel that it is necessary. You can say something like "*We would like you to fill these out yourself, but if there's any difficulty, I will be glad to read the questions to you. I'll give you a moment to look at the forms and see what you think.*" For this purpose, always take an extra set of the questionnaire forms. Read them to the mother, help her keep track of where you are on the form if necessary, but if at all possible, let her mark her own copy of the form so that her answers are given as confidentially as possible.

If the mother is having trouble doing the questionnaires because she is holding the baby, you may offer to hold the baby while she does the questionnaires. If the mother asks you to read the questions to her, and you know she can read, stress to her the importance of administering these questions in the same way to everyone and that we really need her to read the questionnaires.

As you check over each questionnaire, you will mark on a Questionnaire Log whether blank responses are refused information or if you were unable to check her responses on a particular questionnaire (in which case, it may just be missing data). This log will also have a place for you to indicate whether you had to read any of the information to the mother and whether you suspect that some of the information may be unreliable (e.g., the mother seemed harried and just whizzed through the questionnaire, she didn't seem to understand a questionnaire or certain items well, she couldn't attend well enough to respond, she expressed resistance, kept asking when this would be over, seemed tired of doing the questionnaires and was just trying to get through them, and so on).

## VIII. RESPONSES TO COMMON PROBLEMS

Several common problems have arisen in piloting. Following are some ideas for dealing with them.

1. The mother asks someone else in the home to help with the questionnaire answers (e.g., her husband, her mother, a friend). Politely make it clear to her that we want HER best answer and that in all the families we are asking the mothers to give these answers; to make it comparable from family to family, we need her to answer the questions without consulting with anyone.

2. The mother is concerned that she doesn't know the "right" answers. Make it clear to her that there are no right or wrong answers, and we want her opinion or best response to the questions.

3. The mother asks you what is meant by "very satisfied" or tries to tell you how she feels and wants you to say whether that is a "very satisfied" or just a "satisfied". You MUST NOT help her arrive at an answer. If she is confused about the question itself, you can try reading the question to her as it is stated using intonation to try to make it clearer. Give her time to think about it. Allow the mother to be confused, if necessary. Give her a chance to figure it out. If that truly doesn't work you can explain the meaning of a word to her if that is the problem, but she must decide on the answer. So if she says something like, "What would constitute a very satisfied" or

"I feel this way, do you think that is very satisfied" or "my baby does this, would you consider that fretful," reply that she must make that judgment; we are interested in what she thinks. Please see the Operations Manual for more specific rules regarding defining words for mothers.

If words are defined for a subject, please be sure that is recorded in the Questionnaire Log (the word that was defined and how it was defined). However, please note that defining words is discouraged; defining words early in the protocol will encourage mothers to ask more and more questions. We want to encourage the mothers to use their best judgment. However, in cases in which you feel the mother's response would be invalid because she does not understand the meaning of a word, you may define that word for her. Some suggested definitions are given in the following sections. Try to use those definitions.

4. The mother is filling out the questionnaire incorrectly, for example, by writing down the number of her response, instead of blackening the space. If you see that the mother is filling out the questionnaire incorrectly, stop her and tell her again what we need her to do. If the mother is marking too lightly, you may want to ask her to make her marks darker. These forms should be checked before going to the data center and responses darkened if necessary.

5. The mother expresses negative feelings about the questionnaires, a particular questionnaire, or a particular question

(e.g., says the questionnaires are redundant, silly, trivial, or don't apply to her). You should be accepting of the mother's opinion, but DO NOT convey the impression that you think a questionnaire or a question is dumb, silly, or trivial. DO NOT be defensive and try to defend any specific measure or question. You may want to simply say something like, "*Some questions may not be as relevant for you as for other people. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant question. Please answer the questions as best you can.*" If the mother seems offended by any question, supportively remind the mother that she can refuse to answer any question she wishes to.

6. The mother wants to change the order of the questionnaires or do some and not others. You should tell the mother that we need to do things the same way with each family that we see, so we need her to do the forms in the original order and we want her to do all the forms. However, remind her that if there is anything that she doesn't want to answer, she doesn't have to answer it. If she insists on doing things in a different order, allow her to complete the forms her way. Indicate on the protocol that the order was changed and how.

7. The mother needs to leave and you haven't finished all the questionnaires or she's tired and wants to stop, but says she will fill out the other forms later and mail them in. You should encourage the mother to finish, but don't push too hard; we don't

want poor data. You may leave the remaining forms and a self-addressed stamped envelope (which you should always bring) with the mother for her to mail back. Ask the mother to complete the forms by herself in the order they are given to her. Stress to the mother that you will need to receive the forms within a week or we will not be able to include her in the study. Call to remind her if you have not received them within four days. Pay the mother for the visit only after the receipt of all materials unless it is not her fault that the visit had to be curtailed.

## IX. SCRIPTS AND TROUBLESHOOTING FOR SPECIFIC QUESTIONNAIRES

The following section deals with each questionnaire individually and information/concerns specific to that questionnaire.

### QUESTIONNAIRES SECTION 1

#### FORM 2B: MY BABY

When you give the mother this questionnaire, you can use the following script: "*The purpose of these questions is to determine the general pattern of your baby's reaction to the world. For each question, please mark the response by blackening the whole number with your pencil indicating how often you think the statement is true for your baby. Although some of the statements seem to be similar, they are not the same, and we would appreciate your response to each question. If your baby has changed with respect to any of the questions, blacken the* *response that best describes what he/she is doing now. If a question asks about a situation that your baby has not experienced, you may mark by blackening with your pencil CA, for 'Can't Answer.' There are no good, bad, right, or wrong answers, only descriptions of what your baby does. Let me know if you have any questions about how you are supposed to mark your answers."*

If the mother doesn't understand a question, let her try to figure it out for a while. If that doesn't work, read it to her using inflection to try to make it clear. If the problem is that she needs a word defined, you can define a word for her if you feel it is absolutely necessary for her to understand the question.

Below are several suggested definitions:

"displays" ... shows
"resists" ... fusses, squirms
"adjusts" ... settles into
"fretful" ... fussy

**FORM 2C: MY FEELINGS**

You should use the following script when introducing this questionnaire: "*In this set of questions, you are asked to rate how you have felt during the last week. Please read the instructions at the top of the form before you begin.*"

Note that there is a misprinting in the instructions. Where it says "2-some or all of the time (1-2 days a week)," it should say "2-some or a little of the time." Explain the misprinting if it confuses the mother. However, the designations above the columns are correct, so there should be minimal problems with this misprint.

Below are several suggested definitions if the mother has difficulty with these words:

"effort" ... work, try
"depressed" ... low in spirits

## FORM 2D: PARENTAL CARE

You should use the following script when introducing this questionnaire: "*In this set of questions you are asked to rate how you feel about certain situations regarding parental care. Please read the instructions at the top of the form before you begin.*" If the mother says that a lot of these things have not happened yet, you should point out to her that the instructions say "as you are feeling now or think you will feel as your child grows older." So if something hasn't happened yet, they should respond according to how they think they will feel as their child grows older.

Below are several suggested definitions if the mother has difficulty with these words:

"adjust" ... get used to
"distressed" ... upset
"prefers" ... likes better or likes best
"unfamiliar" ... something you are not used to or have not seen
"sooth" ... make to feel better"

### FORM 2E: CHILDREN AND THEIR PARENTS

You should use the following script when introducing this questionnaire: *"This group of statements expresses how people feel about their children. Please read the instructions at the top of the form before you begin."*

Below are several suggested definitions if the mother has difficulty with these words:

"tantrums" ... an angry fit
"influences" ... affects
"address" ... take care of
"feel in control" ... in charge, have the power
"determined" ... caused
"Fate" ... luck, chance
"controlled by my baby" ... my baby causes what happens

### FORM 2F: RELATIONSHIPS WITH OTHER PEOPLE

You should use the following script when introducing this questionnaire: *"This group of statements deals with your relationships with other people. Please read the instructions at the top of the form before you begin."*

Below is a suggested definition if the mother has difficulty with these words:

"encouraged me" ... gave me confidence or support

## X. INTERVIEW SECTION 2

### A. Part 4: Mother's Employment History

Question 1

This open-ended question is for your information purposes only, not for coding of occupation. It allows you to find out the kind of work the mother perceives herself as doing, so that you can talk intelligently with her about it. This is an opportunity to find out if the mother considers herself a mother and homemaker, if she has more than one job, if she is self-employed, or if her view of her job status has recently changed. This information can guide you in how to ask questions and how to interpret the responses, as well as where you need to probe more fully to get a complete picture. You will get a more specific description of the mother's occupational classification beginning with Question 14.

Some mothers may respond with "homemaker" or "mother." You can record this here, but in Question 14 you will also determine what the mother's most recent job was if she had one in the last year. Asking this question at the beginning lets you know something about how the mother is thinking about her employment status and can guide your conversation with her.

Question 2

In this section, we collect information about the mother's employment status in the last year, not about her complete employment history. If the mother did not work in the 12 months prior to the baby's birth, we will not ask her about previous employment.

### Question 5

A mother is working now if she is employed for pay, either in or out of the home. This does not include the mother who is on leave and therefore still employed but not currently actually working. If a professional woman is officially on leave, she is not counted as working even though she may spend some of her time at home doing professional things. Because we are updating employment information every 3 months, we will learn about the mother's return to work and any changes in her job status as the study progresses.

### Questions 7 and 12

"Going to school" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course just for the fun of it does not count as going to school, nor does taking a parenting class offered by the local hospital. On the other hand, if the mother is taking an evening class on computers because she is planning to start a word-processing business at home, then it should be recorded. Similarly, if the mother is enrolled in something like 6 credit hours at the local community college, she should be counted as attending school even if she is not officially in a degree program.

Knowing what kind of school the mother is or was attending is important for later questions and also for building and maintaining rapport with the mother. Although this information will not be coded into the data base, it will be important for you to know in future conversations with the mother.

Question 8

The intent of this question is to find out how much time the mother was spending doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 to 3:30 for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled multiplied by 3 to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

### Question 9

Determine how mother is getting time away from school: taking off a semester or a summer; taking a correspondence course to remain enrolled; having a home visitor/tutor for a period of time. Record any break in regular school attendance as a YES response and record the mother's description.

### Question 10

Record length of time in weeks. If mother responds in days or months, use the following conversion:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 2 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks

1 month = 4 weeks
2 months = 9 weeks
3 months = 13 weeks
4 months = 17 weeks
5 months = 22 weeks
6 months = 26 weeks

### Question 11

This question asks about current status, that is, educational attainment at this point in time. Therefore, if the mother is currently attending college, you would mark 14 to indicate some college but no degree. Further, you would mark 14 to indicate some college, whether she was in her first, second, third, or fourth year -- so long as she had not yet graduated.

## Choice points

All decision points in the section consider the mother to be PREVIOUSLY EMPLOYED only if the response to Question 2 is YES, and NOW EMPLOYED only if the response to Question 5 is YES. Thus, a mother is NOT NOW EMPLOYED if she is on leave when you interview her, even if she is returning to work the next week. The intent is to obtain information about current employment status, even if that is temporary.

## Questions 14 and 15

If you know the mother's job title from her response to Question 1, you confirm it here. "*And you told me you are a caterer.*" If the job title was not clear from the earlier conversation, ask: "*What is your position title?*"

Question 15 is asked only if the position title (Question 14) is not obvious. Thus, if the mother says she is a nurse, you do not have to ask for her duties. But if she says she is an executive assistant, you should ask for a more explicit description of her job duties so you will be able to code her occupation.

If a mother works at home, doing the same kind of work for several employers, such as accounting, for example, count this as one job.

## Questions 16 and 17

Question 17 is asked only if the name of the employer (Question 16) is not self-explanatory. If the employer is well-known to you, do not ask Question 17. The information will be used only to help you code occupation.

## Question 18

Use the occupation coding definitions (Appendix A) to choose a category. Verify your coding with the mother only if you are not entirely clear on the nature of her occupation. In that case, find an entry on the occupation coding chart that you think fits her job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have learned that the mother works as a nurse, you need to find out if she is an RN (coded under Professional) or an LPN (coded under Technicians).

## Question 19

All mothers should be able to answer this question. If the mother is hesitant, encourage her to make her best estimate, even if it is not exactly correct. Explain to the mother that you need to have an answer to every question.

For mothers who are unemployed but receiving some income from other sources, income will be recorded on Form 3C, Family Finances.

## Question 20

Be sure to find out if her response indicates income before taxes.

## Question 21

"Typical" number of hours means the most usual or most frequent pattern of work for the mother. If she gives a range, explain that you need to record an exact number of hours and ask her to estimate the usual number. If that is still a range (for example, "between 35 and 40 hours"), ask her for the number of hours she worked on the last typical week and encourage her by saying that she is the best person to give the estimate.

If the mother says she worked "full-time", explain, "*I need to get a specific number of hours. Please give me your best estimate of how many hours a week you work.*" Give the mother an opportunity to tell you what her actual work hours were.

If she worked a variable number of hours, record the average number of hours per week, according to the mother.

## Question 22

Get starting and ending dates of employment in month and year if at all possible. If the mother still holds the same job, or is on temporary leave from the same job, record Present for the ending date. Do not record today's month and year unless the mother has actually ended her employment this month.

## Question 24

If mother immediately volunteers a response that is codable, do not read responses. If she hesitates or responds with an unclear or uncodable answer, say something like: *"Which of these answers would you say was your reason?,"* then read responses. Record only one response. If mother gives you two or more reasons, say, "Which would you say was most important?"

## Question 25

This question is intended to find out what possibilities for time off were available to the mother. If there were none, then the mother has to have resigned or been terminated from her job, closed her business, or otherwise left that particular job. In other words, even if the mother only stopped working for the 5 days she was in the hospital for a C-section, she had to have some kind of leave. This situation (not a common one, let's hope) should be recorded under Other with a description, as it would appear that she was actually not "offered" leave but took emergency sick leave.

For this question and Question 26, Parental leave is defined as time off specifically designated for care of dependent children. If this time is then deducted from the mother's available sick leave or vacation time, then it should be recorded as Sick leave or Vacation time, not parental leave.

Many mothers will not know all the possible options they could have had, nor how long they could have taken leave. Be patient, and take the mother through the list slowly. You might say, *"We list three options -- sick leave, vacation time, or parental leave -- and each one might be with or without pay. Let's take sick leave first."* If the mother doesn't know whether the option was a possibility at all, check Don't know.

For mothers who have timed their pregnancy (either through planning or good luck) to coincide with a time they normally do not work (such as a teacher whose baby is born in June), but who are planning to go back to work at the same job, record YES under "Other," and describe the situation.

Mothers who were terminated from their job before the baby was born clearly did not have any options. In this case, you can express the question as a statement, being sure to confirm your recorded response with the mother. You can say something like, *"The next question concerns the options you were offered for taking time off from work when BABY was born."* Generally, mothers will reply to this statement. If the mother does not respond, follow up with, *"In your situation, were there any options?"*

For mothers who are self-employed, especially in occupations such as child care, you also may wish to phrase the question slightly differently, as: *"Did you have any of these options for taking time off from work when BABY was born?"* If a mother considers that she is giving herself a vacation and has definite plans to begin working again, let her interpret the questions about leave in her own way.

## Question 26

This question is intended to find out exactly what options the mother has chosen to use to stay home with the baby. For each of the options recorded as offered in Question 25, ask the mother the length of leave time she plans to take. If vacation or parental leave were not offered, for example, do not ask about them here. A blank is provided for you to write the mother's response in whatever units she gives you. You can then translate these responses into weeks while the mother is filling out questionnaires or after you have returned to the lab. Use the following conversion conventions:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 2 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks

1 month = 4 weeks
2 months = 9 weeks
3 months = 13 weeks
4 months = 17 weeks
5 months = 22 weeks
6 months = 26 weeks

If mother is not completely certain when she will return to work, ask her for her best estimate, even if it is not completely correct.

If a mother resigned her job during her pregnancy, but could have taken some leave, simply confirm with her that she did not take any of the leave options, and code "00" for each.

### Question 27

This is intended to summarize the amount of time the mother is taking off from work. If it does not match the information you received in Question 26, say something like: *"Can you help me work this out. You took 2 weeks of vacation and had another 15 days sick leave, but you are taking 6 weeks off. Is there a week without pay that we didn't record?"*

If a mother resigned from her job before the baby was born, code "00".

### Question 28

Full pay means that the mother was fully paid for her entire leave. Partial pay means that she received some pay during her leave. This may mean full pay for 2 weeks and no pay for 2 weeks, or partial pay each week for 6 weeks. It doesn't matter whether the employer is paying or the mother has disability; if she is receiving full pay, record that.

If a mother resigned from her job before the baby was born, rephrase the question as, *"After leaving your job, were you receiving: full pay, partial pay, or no pay?"*

### Questions 29 and 30

Medical benefits questions are asked only to mothers who have some "official" leave from their job, whether paid or unpaid. The intent is not to find out the details of the family's medical insurance, but to determine the extent to which mothers on leave have employee benefits available to them or must forfeit their benefits. If a mother resigned from her job before the baby was born, omit these questions.

For Question 30, record all options that apply.

## Questions 31 and 32

"The same job" means just that -- returning to the exact position held before the baby was born, with the same employer. A different job title with the same employer (resulting from a promotion or other change in duties) is recorded as a change. If she has the same position title and the same employer, but a shift in place of work (for example, a teacher who moves to a different school in the same system), this is not a change.

If a mother resigned from her job before the baby was born, rephrase question 31 as, *"If you hadn't left your job, were you told you would be able to return to the same job after taking leave?"*

## Question 34

Ask this question only if the mother's job title (Question 33) is not clear to you. Thus, if the mother says she is an insurance underwriter, you do not have to ask Question 34.

Question 36

This question is asked only if the name of the employer (Question 35) is not self-explanatory. If the employer is well-known to you, do not ask Question 36.

Question 37

Use the occupation coding definitions (Appendix A) to choose a category. Verify your coding with mother only if you are not entirely clear on the nature of her occupation. In that case, find an entry on the occupation coding chart that you think fits her job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have learned that the mother works as a nurse, you need to find out if she is an RN (coded under Professional) or an LPN (coded under Technicians).

Question 38

If a mother hesitates or indicates she does not know her income, ask her to give you her best estimate, even if it is not completely correct. Explain to the mother that you need to have an answer to every question.

Question 39

Be sure to find out if the mother's response is income before taxes.

## Question 40

This is intended to get current work situation, as of the day you interview the mother. If you are talking to her on Friday and she is starting work Monday, she is not now working.

If the mother says she works "full-time," explain, *"I need to get a specific number of hours. Please give me your best estimate of how many hours a week you work."* Give the mother an opportunity to tell you what her actual work hours are.

If she works a variable number of hours, record the average number of hours per week, according to the mother.

## Question 41

Count only hours at home for which she is paid, and, if she is a salaried professional, hours that are directly related to her paid employment. If the number of hours varies, ask for the "most typical situation" in the mother's opinion.

## Question 42

This question is intended to find out whether the mother's current work situation is typical or only very temporary and her hours are likely to increase or decrease substantially in the very near future. If the 6-month period is not quite appropriate for the mother's situation, simply explain that we will be getting more detailed information later, and record what she expects to be doing in 6 months.

## Question 43

If mother's work falls within one of the time periods listed in Question 43, record that period even if she does not work the whole time. For example, if she works from 1 to 5 p.m., record (1) Daytime. If she regularly works hours that overlap the intervals listed, record both times. For example, if she works a 12-hour nursing shift from 11 a.m. to 11 p.m., record both (1) Daytime and (2) Evenings.

Similarly, if a mother works days and evenings on a regular basis because of having two jobs, record both. If a mother works days one week and evenings the next, record Times vary.

## Question 46

The intent of this question is to find out how much time the mother spends doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. Count the length of the school day if the mother is enrolled in high school or a vocational school (for example, 8:30 to 3:30 is 7 hours a day; if 5 days a week, count as 35 hours). For college, community college, or graduate school, ask the number of credit hours and multiply by 3 to get an index for amount of time spent at school. Although actual time spent will vary with different schools and different individuals, this calculation will give us a standard index of school attendance.

Question 47

This question is intended to find out whether the mother's current school situation is typical or only very temporary. If the 6-month calculation puts you in mid-summer and she plans to take the summer off, find out how much time she plans to be in school in September, record this, and make a note of it on the interview form.

Question 51

Going to work on this question should be interpreted as working for pay, whether in or out of the home. If a mother is on leave from her job but responds NO to Question 51, indicating that at the end of her leave she is planning to resign from her job, we still want to keep the information about her employment that was collected earlier.

Question 53

This question is intended to find out how much time the mother plans to work when she does go back to work. If the mother does not plan to start back for 8 or 9 months, record the number of hours she thinks she'll be working then and make a note on the interview form. If she says "full-time," explain that you need a specific number of hours and repeat the question if necessary.

Question 56

The intent of this question is to find out how much time the mother expects to be spending doing school work -- time in class plus time spent on school-related work. To calculate hours in school, count the length of the school day if the mother is enrolled in high school or a vocational school (for example, 8:30 to 3:30 is 7 hours a day; if 5 days a week, count as 35 hours). For college, community college, or graduate school, ask the number of credit hours and multiply by 3 to get an index for amount of time spent at school. Although actual time spent will vary with different schools and different individuals, this calculation will give us a standard index of school attendance.

## B. Part 5: Feelings and Attitudes about Employment

In this section, PLANS TO WORK means that the mother has responded YES to Question 51. Mothers who have left their job and are working at home or planning to work at home may find some of the questions awkward. You can explain to them that the interview has to fit a large variety of situations.

## Questions 57 and 58 CARD 3

Give mother Card 3 while you read the question. Chose the wording (working, going to school, not working) that fits the mother's individual situation.

## Question 59 CARD 4

Give Card 4 to mother and ask her to choose her one best response. **Do not fill in more than one response.** If the mother lists more than one, ask her if the first one she mentioned would be "most ideal" for her.

## Questions 60, 61, and 62 CARD 5

Hand Response Card 5 to the mother. Read the stem of the item for each of the first five questions and when noted after that.

Question 60 is for mothers who are planning to stay home and not work for pay, Question 61 for mothers who are planning to work for pay, and Question 62 for mothers who are planning to be in school. If mothers are undecided, try to find out which way they are leaning and use that question. If they are completely undecided, give Question 60. If mothers are planning to work and go to school, give Questions 61 and 62.

Note that each form includes a question (c) related to the mother's husband/partner, and these should be omitted by the interviewer and scored NA if mother has indicated she does not have a significant male partner.

Mothers who are working fewer than 10 hours may object to being classified as "not working." You can show respect for their individual situation by slightly rewording the question to read: *"People choose to limit employment during their baby's first year for different reasons. I'm going to read several reasons that mothers have given us for their decision not to be employed. Some of these statements will fit your situation and others will not."* The stem for the question should then read: *"I am planning to limit employment in the next year because:"* Those mothers who are working only a few hours a week can then indicate reasons they feel are not relevant to them by responding with 1) Definitely false.

A similar situation arises when a mother has left her job and is working at home because she wants to be with her baby. She is still employed, as long as she is working for pay. However, if you insert the sentence, *"Some of these statements will fit your situation and others will not,"* you will indicate to mothers that they can respond to those statements which do not fit their situation with 1) Definitely false.

When you are probing for Other responses, if the mother gives you more than one, ask her which was the most influential and record only this reason.

### C. Part 6: Child Care Plans

Coding Child Care Arrangements

Mothers will answer questions about child care arrangements with more conventional descriptions (babysitter, nanny, etc.). The responses on the interview form are not intended to be read to parents. Instead, they are for your use in coding the type of arrangement the parents have made for child care. Thus, if the mother says they have found a sitter, you will need to ask if the sitter is a relative and whether he or she will be coming in to their home or they will be taking the baby to the sitter's home.

Be sure to code all arrangements, even if some of them are informal, such as the baby's father staying home until 9:00 every morning. Although many mothers will not think of this as a child-care "arrangement," it is to us. Use Arr. 1 for the arrangement used for the most hours, Arr. 2 for the next, and Arr. 3 for the third. Do not code more than 3 arrangements. Do not code more than one response under either (a) or (b). If there is more than one caregiver in the same location, code two different arrangements. Similarly, if the same caregiver cares for the child in more than one place, code two different arrangements.

Examples of probe questions to ask:

| Mother's Response | Query |
|---|---|
| My neighbor is going to care for BABY. | 1) Is your neighbor related to you?<br>2) IF NO, code (a) 6<br>3) IF YES, What relation?<br>4) Will BABY be at your neighbor's house?<br>5) IF YES, code (b) 2<br>6) IF NO, Where will BABY be?<br>7) Can your neighbor care for BABY during all the hours you work?<br>8) IF NO, What other child care arrangement will you use? |
| My church has a nursery that I can use. | 1) Who cares for babies in the nursery?<br>2) Is the nursery open during all the hours you work?<br>3) IF NO, What other child care arrangement will you use? |
| My husband is going to take time off when I'm working. | 1) Will he care for BABY at home?<br>2) Will he be able to care for BABY during all the hours you work?<br>3) IF NO, What other child care arrangement will you use. |
| I'm planning to hire a nanny. | 1) This will be someone who comes to your home to care for BABY?<br>2) IF NO, Where will BABY be?<br>3) Do you expect to hire someone who is related to you?<br>4) IF YES, What relation? |

Question 63

The purpose of this section is to get information about all the family's regular child-care arrangements. Regular means that the mother has some standing arrangement with another person to care for the child at a specified time. This may include short periods of babysitting. For example, if the mother has a regular evening or Saturday afternoon when her husband/partner is expected to be responsible for the baby, this is a regular arrangement. Also, if the mother leaves the baby with her mother every Thursday afternoon, or expects an older sibling to be responsible for the baby from 4 to 5 every day, these count as regular arrangements. If she occasionally hires a sitter to go out in the evening, this is not a regular arrangement. Backup arrangements, or those set up in case of illness do not count as regular arrangements.

## Questions 64 and 65

If mother has responded to Question 63 with NO but responds to Question 64 by telling you that the baby's father will help her with child care while she works, go back to Question 63 and score YES. You may then restate Questions 65 and 66 as statements: 65. *"Then you have definite arrangements for child care."* 66(a). BABY's father will care for BABY. (b) *"Where will they be?"*

## Question 66

Code all arrangements the mother has made, whether or not the child is actually in care. The exception to this is the situation where the mother has arranged care temporarily (e.g., for the first 2 months) and then plans to place the child in another care setting. In this situation, code the current arrangement(s). We will be gathering information on changes in child-care at later interview points.

If the child care is being provided by someone (relative or non-relative) who lives in the home, code the person according to the appropriate code. Live-in care will be picked up at later interviews.

Questions 67 and 68

If the mother has not yet placed the baby in care, she may not know how many children there are or how many adults there are. Ask her for an estimate. If she says she has no idea at all, leave Questions 67 and 68 blank.

The purpose of these questions is to find out how many other children are usually present when the child is in the care setting, and how many regular caregivers the child has. In a day-care center record the number of children in the child's group or classroom, not the number in the whole center. In both centers and homes, the number may change during the day. Ask the mother for the typical number present during the majority of the time the child is in the setting. For example, if three kindergarten children are cared for by the child's caregiver from 4 p.m. on, but the target child is cared for from 8 to 5, do not count these children as part of the typical group. Base the typical group on the current situation; group sizes will also change seasonally.

In counting caregivers, ask the mother for the number of different people who supervise the children on a regular basis. For example, if the child's group has a head teacher who is present all day, two assistants in the morning and two different assistants in the afternoon, the number of people supervising the children is 5. If a home child-care provider has a teenager or another adult who regularly assists with the children, and the caregiver's husband is in charge everyday after 4:30, the number of people supervising the children is 3.

## Questions 69 and 70

These questions are intended to get at the pattern of child care as well as the total number of hours. Thirty hours divided over 3 days is a different experience for the child than 30 hours divided over 5 days. In cases where the baby's schedule changes from week to week, ask mother for the "most typical" situation in her opinion. We will obtain more detailed information about schedules when we do child-care visits. If the word "arrangement" is awkward for the situation of the family you are interviewing, reword Question 69 to say, for example, *"How many hours a week (is BABY/will BABY) be cared for by your mother?"*

### Question 71

If the mother pays a daily or monthly rate, record what she tells you and later calculate a weekly rate. Do not take up interview time to make these calculations. If the mother has one or more arrangements that you think may be free (father or grandmother, for example), you can phrase the question more as a confirmation: *"And our next question is how much you pay for this care."* Mothers will typically let you know if there is no cost. If they are not paying, record "00".

### Question 72

If mothers are not paying for care, rephrase Question 72 to: *"(Does/will) this care include (your other child/any of your other children)?"*

### Question 74 CARD 6

Hand the mother Card 6. If you know the parent is receiving free or very low-cost care (from Question 71) you can confirm that situation. Response (7) indicates that a relative or friend is providing money to pay for child care, response (8) indicates that a relative or friend (including father or grandmother) is providing free or low-cost care. Also, use response (8) for a family who has worked out a cooperative child-care sharing arrangement with another family and so are not paying for care.

If parents reply that they receive no financial help, ask, *"Do you plan to claim a tax credit for child care expenses?"* If the mother says yes, record the response as (9).

### Question 75

For responses in days, use the following conversion:

0-3 days = 0 weeks
4-10 days = 1 week
11-17 days = 3 weeks
18-24 days = 3 weeks
25-31 days = 4 weeks
(et cetera)

1 month = 4 weeks
2 months = 9 weeks
3 months = 13 weeks
4 months = 17 weeks
5 months = 22 weeks
6 months = 26 weeks

### Question 76

The intent of this question is to determine what the mother's ideal child-care arrangement would be for her baby at this time. That is, if there were no limitations such as cost or availability, what kind of child care would she choose.

### Questions 79 and 80 CARD 7

Hand Card 7 to mother and ask for one response. If mother gives several reasons, ask, *"What would you say was the most important reason?"*

### Question 82

When a baby is sick, mothers often have to piece together a patchwork of care. Record one or two emergency arrangements the mother made.

Question 84

Read the list of possible problems if the mother does not immediately volunteer a codable response.

Question 83

A "day" of work means a significant amount of work. Code Yes if one parent missed a half day or an important work obligation, such as an important meeting or appointment.

Question 84

Read the list of possible problems if the mother does not immediately volunteer a codable response.

Questions 85 and 86

Read list of options and ask mother to choose one.

## XI. QUESTIONNAIRE SECTION 2

### FORM 3B: YOUR PREGNANCY

You should use the following script when introducing this questionnaire: "*In this set of questions, you are asked how you feel about your pregnancy. Please read the instructions at the top of the form before you begin.*"

## FORM 3C: FAMILY FINANCES

You should use the following script when introducing this questionnaire: "*In this set of questions, you are asked about your financial situation. Please read the instructions at the top of the form before you begin.*"

Note that item 6 is answered only if the answer to item 5 is "yes."

## FORM 3D AND 3E: WHAT EMPLOYMENT MEANS TO ME (A) AND (B)

Version A of this form is for mothers who worked during the last year UNTIL they decided to take leave or quit their job because of their PREGNANCY/BIRTH OF THEIR BABY. (Work includes part-time, full-time, or temporary.)

Version B is for all others. If they have not worked during the last year or previously, tell them that Questions 1 and 2 refer to the possibility of a future job.

You should use the following script when introducing this questionnaire: "*In this set of statements, you are asked to rate how you feel about your employment. Please read the instructions at the top of the forms before you begin.*"

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"central to my self-esteem" ... very important to how I feel about myself
"self esteem " ... how I feel about myself

## FORM 3F: ATTITUDE TOWARD MATERNAL EMPLOYMENT

You should use the following script when introducing this questionnaire: *"In this set of statements, you are asked to rate how you feel about what happens when mothers of young children work outside the home. Please read the instructions at the top of the form before you begin."*

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"secure" ... confident, safe, trusting
"independent" ... able to do for themselves
"psychological" ... mental
"productive" ... useful, good
"valuable" ... important

## FORM 3G: FEELINGS ABOUT PARENTING

You should use the following script when introducing this questionnaire: *"In this set of statements, you are asked about your feelings regarding parenting. Please read the instructions at the top of the form before you begin."*

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"capable" ... able to do it
"control" ... direct, have power over

## FORM 3H: IDEAS ABOUT RAISING CHILDREN

You should use the following script when introducing this questionnaire: *"Here are some statements other parents have made regarding raising children. These statements are to be rated* *regarding how you feel about raising children in general. Please read the instructions at the top of the form before you begin."*

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"teaching methods" ... how she teaches
"absolute obedience to authority" ... always obeying whoever is in charge

**FORMS 3I AND 3J: LOVE AND RELATIONSHIPS (A) AND (B)**

This form is to be given only to those women who are married/partnered or who responded "yes" to Question 12, Section I of the interview ("Is there anyone else in your life with whom you have a close emotional or romantic relationship?"). If you do not give this questionnaire to a subject, do NOT include a copy of it with the subject's ID in the packet of questionnaires that you send to the data center. If you do, it will be counted as missing data, so don't send them this questionnaire at all if you didn't administer it to the subject.

You should use the following script when introducing this questionnaire: *"This set of statements is about your relationship with your spouse of partner. Please read the instructions carefully at the beginning of each of the forms."*

Below are several suggested definitions if the mother has difficulty with the meaning of these words:

"neglected" ... overlooked
"unique" ... special

## XII. INTERVIEW SECTION 3

### A. Part 7: Contact Names and Addresses

At the end of the interview, after the last questionnaire has been administered, the interviewer must ask the mother for the names, addresses, and telephone numbers of two people who will always know where she and the baby can be reached. These do not have to be local contacts, just people the research team could contact in order to locate the mother and baby. You can explain this by saying that our experience shows that sometimes mail gets lost and we want to be sure to stay in touch.

It is also very useful to have the work addresses and phone numbers of both mother and father as possible back-up contacts. Usually it is also good to ask if it is OK to call the mother or father at work.

Sometimes you may feel you are pressing the mother a bit to get these back-up contacts. We cannot overemphasize how important it is to have at least one other person who can be called or contacted if the family suddenly disappears with an unlisted phone number or disconnected phone. Therefore, it is worth "pushing" -- politely, of course -- and perhaps explaining that this is a very important study and we want to be sure that the baby has an opportunity to be included in all phases of it.

Conclude your visit by saying,

*"That's all the questions I have for this visit. Thank you very much for your help. Is there anything I didn't ask you about that you think is important for us to know?"*

If the mother volunteers any information, record it in the space provided.

Before leaving the home, check to be sure the family does not have plans to move. If there is a chance the family might move in the next few months but no definite address or phone number is available, leave a card or letterhead with the project address and phone number and ask the mother to contact your office if they do decide to move.

# Chapter 6

## Section 3

## ONE-MONTH HHS FATHER VISIT

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# Chapter 6

## Section 3

## ONE-MONTH HHS FATHER VISIT

### I. GENERAL CONSIDERATIONS FOR THE ONE-MONTH FATHER VISIT

#### A. Your Role as a Visitor

As a home visitor, your main objective is to obtain accurate, reliable information in the most pleasant way possible. Home visitors must balance their professional role and objectives with their role of being a friendly, respectful guest in someone's home. Unlike the typical lab setting, many unexpected things arise in the home that require flexibility on the part of the visitor. Your flexibility conveys your respect for the person and the way they do things in their home. Your flexibility and openness, however, should in no way compromise your professional agenda. The tone of the home visit is that of a friendly, relaxed yet professional visit.

There are several ways that you can prepare yourself for this role. First, become totally familiar with the protocol. This familiarity will make you comfortable enough to be flexible and also will help keep your professional agenda in mind as you accommodate to the unique circumstances facing you. Second, become familiar with one-month-old babies and the kinds of issues parents are concerned with at this time. Third, you can dress the part: wear casual, yet professional clothes (no suits or jeans). Fourth, continually examine for yourself any situations that arise which prevent you from feeling totally comfortable with your role. Discuss these with your PI or site coordinator and see if there is a better way to deal with such situations in the future.

### B. About Babies

It is likely that the one-month-old will be present and awake at the time of the interview. It is important for the Visitor to be comfortable with young babies and knowledgeable about their ways. Reading up a little extra on newborns and young babies is a good idea for most Visitors. Site Directors can often recommend good reading materials.

Here we present a few crucial points, especially for those Visitors less familiar with very young babies. First, as soon as you see the baby, notice and comment on something positive about this child to the father and mother. Not saying anything is sometimes taken as a slight; saying something honestly nice is easy to do about even the most difficult babies. Be careful not to overdo it or to say anything judgmental that could be taken as negative -- even an innocent comment can stay in the father's mind for a long time. Second, remember that if you give the baby a bottle, be sure that it is tipped so that the nipple is full with the liquid when it is in the baby's mouth; if the nipple has air in it, the baby will swallow air and be uncomfortable; do burp the baby after feeding. Third, if you feel that you may be contagious with any illness, be sure to reschedule or find a substitute. Even if you think that you are not contagious, fathers will not appreciate your coughing and sneezing around the newborn baby. Finally, Visitors may find it helpful to find one-month-old babies that they can spend time around in order to become more familiar with babies this age.

### C. When the Father Reveals Personal Problems

Occasionally, in a father's eagerness to talk, he makes an implied or direct appeal for help with his own personal problems. Sometimes, fathers can talk for so long about their problems that there may not be time to complete the questionnaires. The Visitor should be careful about feeling that he/she must handle these problems or solve them for the father. The Visitor might say something like "*I can understand your being upset (or concerned) about that. When we finish filling out the questionnaires, maybe we can talk about it more.*"

Each site may want to develop its own resource list to meet the needs of its families on a case-by-case basis. The list may include the following information:

Helpful books on parenting and development
Fun things to do with your kid
Child-care services
Child-development services
Health services
Parenting-support services
Crisis intervention
Substance-abuse services

Although sites may have these lists of community resources for office use, we will not routinely give fathers any information concerning resources. This may constitute an intervention. For example, if the list contained information about "Fun Things to Do With Your Kids," we may subtly be encouraging fathers to behave in certain ways with their children. If the father requests this information, however, we do have a responsibility to be reasonably trained to provide information about available resources.

Researchers at each site should be relatively familiar with the services that are available to parents in their area. If a situation arises in which a father requests information or some type of referral, the researcher may say something like, "*I can see that you would like help. I am not (trained) (in a position) to help you, but perhaps you would like me to talk with Dr.----, our Director, and s/he will know of someone that could be of help to you.*" Immediately after the visit is completed, document the father's concerns and requests on the Visitor's Interview Report Form and discuss the situation with your Study Coordinator (SC) and/or Principle Investigator (PI). Get back to the father as promptly as possible with the appropriate information. If it seems appropriate to have your PI or SC speak with the father, the Visitor should ask if the father would like the Director to call.

Each site should keep a record of the kind of information distributed to a particular parent and what impact, if any, this had on the family's life, if known. (This can also be recorded on the Interviewer Report Form.)

### D. When the Visitor Observes Family Difficulties

A more serious and difficult problem arises when something is revealed at the home visit that suggests that the baby (or mother) is in "jeopardy." (See Principle 9 of the "SRCD Ethical Standards for Research with Children", Appendix H, Section 6.1.) For example, you may suspect some form of child abuse. Prior to conducting any home visits, the Visitor should become familiar with indicators of child abuse and the laws governing reporting this to the authorities in your state. You should immediately report to your PI what you saw or that you have suspicions of abuse despite hard evidence. A list of indicators and definitions of child abuse is included in Appendix A of the section 6.1.

## II. FATHER RECRUITMENT

### A. Father Two Week Call List

Sites participating in the HHS Father study should return 2 two week call lists each week, one for mothers, and one for fathers. The DCC will begin sending out separate mother and father call lists on February 13th. Be sure to fill in both lists completely, including the appropriate exclusion codes on the father list.

Exclusion code number 9 "Husband Objects" will of course on the father list mean that the mother objects to the husband's participation.

Use the new exclusion code #17 "wife refused to participate in main study" for those fathers who were not asked to participate because their wives refused to be in the main study.

Use the new exclusion code #18 "no father present in the child's home" for those subjects whose mother is not presently living with a husband or partner.

These new exclusion codes do not appear on the February 13th call lists. They will be on the new father call lists. The DCC has been informed of the new codes and you may use them even on the old call list sheets.

## III. FATHER ONE MONTH MATERIALS

### A. Remove Father Materials From Mother Booklets

Fathers will not fill out separate specially designed scantron booklets. Instead, the fathers will fill out the following forms that will be pulled out of a mother scantron 1 month protocol booklet. Before a visit, the following 5 items should be removed from the mother 1 month protocol scantron booklet with the green cover:

1. Form 3A Page 1 (cover sheet labeled "One-Month Interview section 2). This form gives the DCC the date, interviewer ID number, subject number, and relationship code.

2. Form 3H (Ideas About Raising Children)

3. Form 3F (Attitude Toward Maternal Employment)
4. Form 3I (Love and Relationships A)
5. Form 3J (Love and Relationships B)

The green mother protocol booklet from which the forms are removed should then be thrown away, so that the booklet is not mistakenly used for a mother visit.

### B. List of Father Visit Materials

The father protocol should consist of the following items (starred items should be taken from a 1 month mother protocol booklet with the green cover):

1. Two father consent forms (Do not send to DCC)
2. Site cover sheet with address and checklist (Do not send to DCC) (For use at each site)
3. * DCC cover sheet (Form 3A Page 1) (Send to DCC)
4. * Form 3H (Ideas About Raising Children) (Send to DCC)
5. * Form 3F (Attitude Toward Maternal Employment) (Send to DCC)
6. * Form 3I (Love and Relationships A) (Send to DCC)
7. * Form 3J (Love and Relationships B) (Send to DCC)
8. Fathers Questionnaire Log (Form 3L) (Do not send to DCC) (A revised father form with the 4 father questionnaires will be sent. This form will not be Scantron).
9. Visitors Interview Report Form (Form DM-D) (Send first page to DCC) (This form will not be Scantron)

NOTE: "Instrument Time Frame" on this form refers to what visit occured, e.g., 1 month home, 6 month child care, etc.

10. Other site specific questionnaires or procedures (Do not send to DCC)

11. One extra set of forms (to be read to the father in case he cannot read)

## IV. CONDUCTING THE ONE-MONTH HOME VISIT

### A. Pre-Visit Preparation

Before going to the father's home the visitor should do the following things to prepare for the visit.

1. Directions and Map. First, the Visitor should check a map to make sure that the directions received from the father are correct. Checking the map will also help the Visitor plan the time he/she needs to find the father's home and to anticipate delays.

2. Site Cover Sheets. Second, the Visitor should check that the appropriate information regarding the father's, mother's, and baby's names, address, phone number, and child's gender and date of birth are recorded on the Site Cover Sheet. Also record any special instructions about getting to the family's home (driving directions, parking, etc.). Information about travel time and mileage to the site are recorded during the visit so that future visitors will know how much travel time to plan. The name of the Interviewer is also recorded.

Before leaving for the home visit, check to be sure you have all the materials needed for the interview, using the checklist on the Site Cover Sheet. After the interview, once back at the project office, the Site Cover Sheet should be separated from the data and should be filed in the family's folder along with the Questionnaire Log Sheet and Interview Report Form, after discussing any problems or concerns with the Site Coordinator and/or Principle Investigator for your site.

## B. Getting Acquainted and Establishing Initial Rapport

Upon arrival at the father's home, offer a friendly greeting, ask how everything is going, etc. For example, "*Hello (Mr. Smith), I'm (Sue Darling) from the NICHD Study of Early Child Care at (Temple University). I appreciate your letting me come out and visit with you today, especially since you must be pretty busy with your new baby. How has everything been going for you and your family?*"

If the baby is present, or if the father asks you whether you'd like to see the baby, show appropriate interest and say something nice about the baby.

## C. Further Description of the Study, Securing Informed Consent

The script below is a suggested format to be adapted so that it conveys this information in a conversational manner.

"*Although (use two-week phone caller's name) and (1 month mother visitor's name) have already talked about the project, I'd* *like to tell you some more about it, to make sure we haven't forgotten anything. And then I'll be glad to answer any questions you might have."*

Explain the project here, using the Informed Consent Form as a guide. If you like, you may point to the appropriate places on the Form.

*"We're glad that you are interested in being a part of this project. Are there any questions I can answer for you about the project?"* Answer the questions here using the information from the Two-Week Telephone Interview.

When fathers or other household members ask for more detail about the study or about what questions we are trying to answer, try to rephrase the information in the consent form or consult the information at the end of the Two-Week Telephone Interview. It is important that every family have a similar understanding of the project, so using the description in the Consent Form or the Two-Week Telephone Interview is best. If people press for more information than you have, or if they ask for information which may prejudice the father about the purpose of the study, tell the person that you are not sure what the answer is at this time, and that you'd like to check with the Director of the Project and get back to him. Never say *"I don't think I'm supposed to tell you that,"* or *"I'm not sure if I can tell you that."* Families have the right to be fully informed. If you can't answer all of their questions, let them know that you will promptly get back to them with an answer and then follow through.

*"Please read the form over, and then sign it to indicate that you're willing to participate in the project with us. (Answer any additional questions here.) Remember that at any time during the project you can refuse to answer any questions, or you can decide to stop participating. Of course, we hope very much that you'll want to stay with us for the duration of the project!"*

If it appears that the father cannot read, or if he is taking a very long time, you may offer to help him read the Consent Form. You can say something like, "*I can help you if you like. It may help move things along more quickly.*"

If the father is having problems reading the form because he is holding the baby, you may offer to hold the baby while the father reads the form.

Have the father sign the form, and thank him. The Visitor should then also sign the Consent Form and make sure to leave another copy for the father to keep.

### D. Filling Out the Questionnaires

After obtaining the father's signature on the consent form say, "Now I have some questionnaires for you to fill out yourself. If you have problems with any of the questions, please let me know." Just be sure to let the father know that he should ask if he doesn't know what he is supposed to do. Also point out to the father that he will blacken in his answer as completely as possible in the appropriate space with the pencil which you will be handing him at this point.

Give the questionnaires to the father, one at a time, using some hard writing surface (not a clipboard, which creases the forms and jams the machine which read them.) The printed forms contain brief instructions for each questionnaire which you can encourage the father to carefully read. In addition, you should read aloud the instructions using the Questionnaire Instructions and Definitions Form (see Appendix).

When the father finishes each questionnaire merely say "thank you," not "that's great" or even "fine." It is common for people to worry that they are doing questionnaires "right" (more about that later), so don't use any evaluative words that make them feel that you are judging whether they did it "right" or not. Also, maintain some physical distance if possible so that the father doesn't feel that you are looking over his shoulder. You may want to inconspicuously monitor him just at the first to see that he is starting off correctly.

If it appears that the father cannot read, or if he is taking a very long time (very poor reading skills), you may offer to help him read. Do this only when you really feel that it is necessary. You can say something like "*We would like you to fill these out yourself, but if there's any difficulty, I will be glad to read the questions to you. I'll give you a moment to look at the forms and see what you think.*" For this purpose, always take an extra set of the questionnaire forms. Read them to the father, help him keep track of where you are on the form if necessary, but if at all possible, let him mark his own copy of the form so that his answers are given as confidentially as possible.

If the father is having trouble doing the questionnaires because he is holding the baby, you may offer to hold the baby while he does the questionnaires. If the father asks you to read the questions to him, and you know he can read, stress to him the importance of administering these questions in the same way to everyone and that we really need him to read the questionnaires. It is extremely important for several reasons that, if the father can read, he complete these forms himself. The visit moves faster, the information is more standard, and the information is more private.

### E. Checking Questionnaires

When the father hands back to you the first questionnaire, ask him if he would mind if you check it over to make sure that he did not miss an item that he did not intend to leave blank. Nearly every father will say that he does not have a problem with this. If he says that he does not mind, quickly look over the form to see if he has missed anything. You may wish to cover up the questions on the form as you look at the answers so that it is obvious that you are not reading his responses. Remember to check the back side of all forms. If he has left something blank, ask him if he intended to do so. If he did not intend to, ask him if he would like to add him answer at this time.

If the father says he doesn't want to answer that question, say "fine" and record on the questionnaire log that he refused to answer an item. If he says that he didn't know how to answer an item, ask him for his best answer. If the problem is that he doesn't understand a word, you can define a word for him. If the father does not want you to scan the questionnaires, ask him if he will quickly scan it for missing items for you. When this is complete (whether you scan it or the father scans it), place the questionnaire in an envelope so that it is clear to the father that his answers are now out of sight. If you find missing data when you get back to the office that you didn't detect, call the father as soon as possible and get the missing response by phone.

We do not want to give the impression that we are reading the father's answers, because he may then censor responses on later questionnaires. If we read him responses or ask him about anything in particular he indicated on a form, he will see very little sense in having to complete the forms himself.

### F. Father Questionnaire Log Sheet

As you check over each questionnaire, you will mark on a Father Questionnaire Log whether blank responses are refused information or if you were unable to check his responses on a particular questionnaire (in which case, it may just be missing data). This log will also have a place for you to indicate whether you had to read any of the information to the father and whether you suspect that some of the information may be unreliable (e.g., the father seemed harried and just whizzed through the questionnaire, he didn't seem to understand a questionnaire or certain items well, he can't attend well enough to respond, he expressed resistance, kept asking when this would be over, etc.). Ths form should be filed in the site's father visit folder for that subject and should not be sent to the DCC.

### G. Responses to Common Problems

Several common problems have arisen in piloting. Following are some ideas for dealing with them.

1. The father asks someone else in the home to help with the questionnaire answers (e.g., his wife). Politely make it clear to him that we want HIS best answer and that in all the families we are asking the fathers to give these answers; to make it comparable from family to family, we need him to answer the questions without consulting with anyone.

2. The father is concerned that he doesn't know the "right" answers. Make it clear to him that there are no right or wrong answers, and we want his opinion or best response to the questions.

3. The father asks you what is meant by "very satisfied" or tries to tell you how he feels and wants you to say whether that is a "very satisfied" or just a "satisfied". You MUST NOT help him arrive at an answer. If he is confused about the question itself, you can try reading the question to him as it is stated using intonation to try to make it clearer. Give him time to think about it. Allow the father to be confused, if necessary. Give him a chance to figure it out. If that truly doesn't work you can explain the meaning of a word to him if that is the problem, but he must decide on the answer. So if he says

something like, "What would constitute a very satisfied" or "I feel this way, do you think that is very satisfied," reply that he must make that judgment; we are interested in what he thinks.

If words are defined for a subject, please be sure that is recorded in the Questionnaire Log (the word that was defined and how it was defined). However, please note that defining words is discouraged; defining words early in the protocol will encourage fathers to ask more and more questions. We want to encourage the fathers to use their best judgment. However, in cases in which you feel the father's response would be invalid because he does not understand the meaning of a word, you may define that word for him. Some suggested definitions are given on the Questionnaire Instructions and Definitions Form (see Appendix). Try to use those definitions.

If the father asks for clarification of a question or phrase which has not been defined in the Instructions and Definitions Form (see Appendix), the visitor should not try to interpret the meaning of the question. Instead, the visitor sould say something like the following (these statements also appear in the Administration Manual):

> *"I see your problem with this question. Even though these questions are carefully tested, sometimes we have one that is not quite clear to some people or which doesn't quite fit everyone's situation. We need to get fathers' best answer to the question, as it is written. That way, we can compare your answers with other fathers'...Please read the question again and you give me the best, most accurate*

*answer you can, given the way it was written.*" (Fowler and Mangione, 1990, paraphrased, p. 51-52.)

If the father asks for a definition of a particular word, the visitor may give one in certain cases even if it is not defined in the Administration Manual. If the father simply does not know the meaning of a vocabulary word, you may offer him the definition. For example, if a father does not know what a "tantrum" is, you can tell him that it means a fit of bad temper (the dictionary definition). When you do define a word for the father, keep your definitions short. In our experience, the more explaining you do, the more likely you are to get in over your head.

If you choose to define a term for a father, record the definition you used on the Questionnaire Log.

4. The father is filling out the questionnaire incorrectly, for example, by writing down the number of his response, instead of blackening the space. If you see that the father is filling out the questionnaire incorrectly, stop him and tell him again what we need him to do. If the father is marking too lightly, you may want to ask him to make his marks darker. These forms should be checked before going to the data center and responses darkened if necessary.

5. The father expresses negative feelings about the questionnaires, a particular questionnaire, or a particular question (e.g., says the questionnaires are redundant, silly, trivial, or don't apply to him). You should be accepting of the father's

opinion, but DO NOT convey the impression that you think a questionnaire or a question is dumb, silly, or trivial. DO NOT be defensive and try to defend any specific measure or question. You may want to simply say something like, "*Some questions may not be as relevant for you as for other people. Because this is a national study, we will be seeing many different types of families. For some families, this may be a relevant question. Please answer the questions as best you can.*" If the father seems offended by any question, supportively remind the father that he can refuse to answer any question he wishes to.

6. The father wants to change the order of the questionnaires or do some and not others. You should tell the father that we need to do things the same way with each family that we see, so we need him to do the forms in the original order and we want him to do all the forms. However, remind him that if there is anything that he doesn't want to answer, he doesn't have to answer it. If he insists on doing things in a different order, allow him to complete the forms his way. Indicate on the protocol that the order was changed and how.

7. The father needs to leave and you haven't finished all the questionnaires or he's tired and wants to stop, but says he will fill out the other forms later and mail them in. You should encourage the father to finish, but don't push too hard; we don't want poor data. You may leave the remaining forms and a self-addressed stamped envelope (which you should always bring) with the father for him to mail back. Ask the father to complete the forms by himself in the order they are given to him. Stress to

the father that you will need to receive the forms within a week or we will not be able to include him in the study. Call to remind him if you have not received them within four days. Pay the father for the visit only after the receipt of all materials unless it is not his fault that the visit had to be curtailed.

### H. Debriefing

It is important at the end of the visit to "debrief" the father. Ask the father if there is anything that we didn't ask about that he thinks is relevant, or if he has any comments or questions about the questionnaires he'd like to share with us. This is necessary to give the father a sense that he is an important part of the research process and to give him the chance to express any adverse feelings he may have had about the interview. The interviewer needs to be sensitive to any negative affect in the father and needs to give the father a chance to share his feelings. If the father asks questions about the research hypotheses, try paraphrasing the information in the Consent Form and Two-Week Phone Call.

### I. Paying the Father

Thank the father, and explain how important this study is, and how we value his time and help. Pay him, or make arrangements to pay him $15. If all of the information is not completed during the home visit and this is due to circumstances beyond the father's control, the father should be paid before you leave the home. If, on the other hand, the father cuts the visit short before completing all of the measures, then he should be paid when his complete information is received.

### J. Preparing for the Next Contacts

Talk with the father about the next visit and phone call.

*"Someone from our team will call your wife/partner when (BABY) is three months old. We will want to find out how your family and (BABY) have been, whether anything has changed. Babies change so much in the first year, and things may be quite different when (BABY) is 3 months old. The call should take less than 15 minutes."*

*"The next time I'll visit you in the home will be when (BABY) is 6 months old. At that time, I'll be talking with you again, asking many of the same kinds of questions as we asked today. In addition, since (BABY) will be older, I will want to watch her doing some things that may be fun for her to do with you. We will contact you a few weeks before (BABY) is 6 months old to talk with you about the details of that visit.*

*If at five or six months (BABY) is in some form of regular child care, we would also like to visit her while she is there. When we call your wife/partner to arrange our visit at six months, we'll work with her in contacting the caregiver. We will pay the caregiver for their time and help."*

### K. Exiting

Leave the father with a good feeling about your visit. As you leave, give the father positive feedback along the lines of *"You've really been helpful to us," "I've enjoyed meeting you, I'll look forward to visiting you again," "You really have a beautiful baby."*

## V. POST-VISIT CONCERNS

### A. Reviewing the Interview Form

After the visit is completed, the Visitor should look over all the questionnaires to make sure that each item was completed. In most cases, the Visitor should actually be able to check this information while the father is completing the questionnaires. Before posting the data weekly to the Data Coordinating Center (DCC), have another interviewer review your forms to be sure they are accurately completed. There are many opportunities for oversights and a second "eagle eye" may spot them.

### B. Documentation

To document the visit, the Visitor will need to complete some forms after leaving the home.

1. Visitor's Interview Report Form. First, the Visitor will complete a Visitor's Interview Report Form. This form gives the Visitor a place to record in more detail any extenuating circumstances that may have affected the One-Month Protocol, a place to describe the father's comments following the visit, and

an opportunity to record any comments the visitor wants to make about the home visit. A copy of the first page (only) of the form is to be sent to the DCC along with the subject data. Another copy of the form is filed in the father visit folder for that subject at the site.

2. Contact Log Book. Finally, we also recommend that each site keep informal notes on each visit. Here you could include information about whom the Visitor met during the visit, general comments about the proceedings, and some non-protocol information about the visit such as things the Visitor may have discussed with the father, the name of the family dog, etc. This information may be useful in maintaining rapport during future contacts. Be careful not to include information that may bias future Visitors; only information that may help them respond as sensitive, friendly visitors to the family.

## VI. APPENDIX: Father Visit

## QUESTIONNAIRE INSTRUCTIONS AND DEFINITIONS FORM

### FORM 3F: ATTITUDE TOWARD MATERNAL EMPLOYMENT

You should use the following script when introducing this questionnaire: "*In this set of statements, you are asked to rate how you feel about what happens when mothers of young children work outside the home. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the father has difficulty with the meaning of these words:

"secure" ... confident, safe, trusting
"independent" ... able to do for themselves
"psychological" ... mental
"productive" ... useful, good
"valuable" ... important

### FORM 3H: IDEAS ABOUT RAISING CHILDREN

You should use the following script when introducing this questionnaire: "*Here are some statements other parents have made regarding raising children. These statements are to be rated regarding how you feel about raising children in general. Please read the instructions at the top of the form before you begin.*"

Below are several suggested definitions if the father has difficulty with the meaning of these words:

"teaching methods" ... how he teaches
"absolute obedience to authority" ... always obeying whoever is in charge

## FORMS 3I AND 3J: LOVE AND RELATIONSHIPS (A) AND (B)

You should use the following script when introducing this questionnaire: *"This set of statements is about your relationship with your spouse of partner. Please read the instructions carefully at the beginning of each of the forms."*

Below are several suggested definitions if the father has difficulty with the meaning of these words:

"neglected" ... overlooked
"unique" ... special

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## Chapter 7

# ADMINISTRATION MANUAL FOR THE FOLLOW-UP PHONE CONTACTS (3, 9, AND 12 MONTHS)

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# Chapter 7

# ADMINISTRATION MANUAL FOR THE FOLLOW-UP PHONE CONTACTS (3, 9, AND 12 MONTHS)

## I. INTRODUCTION

This chapter provides specific information about the questions included in the phone updates to be done at 3, 9, and 12 months. In addition, it will serve as the archival description of the way in which phone-interview data were collected.

Any questions concerning these procedures should be addressed to Marion O'Brien or Aletha Huston at the Kansas site and Kaye Fendt at the Data Coordinating Center.

## II. INSTRUCTIONS FOR CALLING

It is crucial for sites to maintain regular contact with all families participating in the NICHD Study of Early Child Care. If a mother is not contacted at one of the phone update points, the chance of losing the family from the study increases. Therefore, it is important for sites to make as many attempts as necessary to reach the mother. If the family has a phone but the mother has not been contacted in the first three days of regular attempts, efforts should be increased to include evening and weekend calls. If the mother is not contacted by the end of the first week of attempts, begin to use the procedures outlined in Section II.E, What To Do if You Cannot Reach the Family by Phone (page 5).

The baby's mother must be contacted and interviewed in all cases. The only exceptions to this rule are situations where the mother is out of phone range for some unusual reason (serving in the military, for example) and will not return until after the data-collection window is closed. In this case, conduct the interview with the baby's father if possible, or, if there is no father involved, with the baby's primary caregiver. Indicate on the interview face sheet the relationship of the person who has been interviewed (0 = Mother, 1 = Father, 2 = Grandparent, 3 = Other Relative (includes sibling), 4 = Primary Caregiver, 5 = Support Child-care Provider, 6 = Child-care Provider (no hierarchial designation; use in instances where all classroom teachers are of equal status), 7 = Director (only in centers). If the mother is out of town but reachable by phone, she should be contacted wherever she is. If the mother is unreachable for a short period of time (e.g., in the hospital), arrange to call her back when she has returned home if this will be within the window for data collection.

If the mother is no longer living in the same household with the baby, determine who has primary custody of the baby and who the baby's primary caregiver is. The legal guardian of the baby should then be contacted and informed about the study. If he or she is interested in continuing to participate, a home visit should be made to obtain informed consent. At this time, the information on the update can also be obtained. Code relationship as above.

### A. When to Make the Calls

Families should be contacted within a 3-week window, from 1 week before the baby's 3-, 9-, or 12-month birthday to 2 weeks after that birthday. Begin making calls at the beginning of the data-collection window (i.e., one week before the baby's birthday) in order to complete as many contacts as possible within one week (plus or minus) of the baby's birthday. The extra week is allotted for unusual situations where mothers are especially difficult to contact.

### B. What to Do if You Cannot Complete the Interview in a Single Call

Families with young children have to cope with a lot of interruptions. If the interview cannot be completed at one time, arrange a specific time to call back before the end of the following day. Thus, the second call should be within 36 hours of the first call. If this is possible, the second interview can proceed from the point where the first interview left off. If more than 36 hours elapse between calls, begin the interview again, from the beginning. Say something like, "*I'm going to begin at the beginning to be sure we haven't forgotten anything.*"

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### C. How to Leave a Message

If you reach the family's home but are unable to talk with the mother, leave a specific message, including a time when you will call back. A suggested message to leave with another person follows.

> *"This is YOUR NAME from the NICHD Study of Early Child Care at the University of _________. We visited with MOTHER'S NAME about ___ months ago, and I am calling to see how she and BABY are doing. She can reach me at PHONE NUMBER and DAYS/TIMES. I know she's very busy so I'll try to reach her again. Do you know of a good time for me to call? (Record day and time.) Thank you."*

### D. An Alternative Message for an Answering Machine

> *"This is YOUR NAME from the NICHD Study of Early Child Care at the University of ___________ calling for MOTHER'S NAME. We visited with you in MONTH, and I am calling to see how you and BABY are doing. You can reach me at PHONE NUMBER and DAYS/TIMES, and I'll call back DAY/TIME. Thanks."*

### E. What to Do if You Cannot Reach the Family by Phone

If you are unable to reach the family by telephone because they do not have a phone, their phone is disconnected, their number has been changed to an unlisted one, or after a week of trying at all times of day and evening you have not contacted the family, special efforts must be made to reach the mother. The following steps are recommended:

1. Call work numbers if available. Unless parents have explicitly asked you not to call them at work, call the work numbers for either or both parents to arrange a convenient time to conduct the interview.

2. Make a home visit. When possible, the most effective approach to contacting a hard-to-reach family is for a project staff member who is acquainted with the mother to stop by the family's home. Often, people will not have moved if their phones are disconnected or changed to an unlisted number. The home visit should always be carried out by someone who has met the family, preferably someone who has been to the home before (the one-month home visitor, for example). If the family has no phone, the interview can be carried out in person, or an alternate arrangement can be made for the interviewer to collect the information from the mother.

If no one is at home but it looks as though the mother still lives there, leave a letter or card asking her to contact the project office. Be sure to let her know she can call collect.

3. Call the family's alternate contacts. Alternative phone numbers, which are obtained in the hospital and/or at one month, and which are updated at each contact point, are useful primarily for obtaining new addresses and phone numbers for study families. Leaving

messages at the homes of alternative contacts is generally not productive, although it can be tried. Asking alternative contacts to go and get the mother while you wait on the telephone is an imposition, and is not recommended. If the alternative contact can provide a new phone number or address, follow up on that by calling or making a home visit.

4. Send a letter with the project phone number and a return postcard to the family's last-known address. (A sample letter is included in Appendix A.) This prompt is often enough to encourage mothers to call you, or to send you their new address or phone number. Then you can follow up with a phone call or home visit. Be sure to let the mother know she can call you collect. Mark the envelope Address Correction Requested in order to receive a new address.

5. Call Directory Information in surrounding areas. The family may have moved nearby and still have a published phone number.

6. Check with the post office. Provide the family's last known address to the post office and ask for the newest address for the family. The post office will charge $1.00 per name to give the most recent forwarding address.

7. At the 9- and 12-month contacts, call the child-care provider who was interviewed at 6 months. If the child is still in that provider's care, ask if you can deliver a message to the family through the provider. If

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so, take or send a letter with return postcard for the provider to give to the family.

### F. What to Do if the Family Is Not Contacted Within the Three-Week Window

If the above efforts are not successful and the family has not been contacted before the 3 weeks are up, continue to follow whatever leads you have to contact the family. A second call to alternate contacts is acceptable, but there is nothing to be gained by pestering them. Our guarantees of confidentiality prohibit us from contacting neighbors or others whose names have not been provided to us by the family. It is more important to protect the confidentiality of our subjects than to find every family at every contact point.

When all leads are exhausted, give up the effort until the next point of contact. Do not drop the family from the study because of missed phone contacts.

### G. What to Do if the Mother Says She No Longer Wishes to Participate in the Study

When a mother tells you she wishes to withdraw from participation, ask, "*If you don't mind, can you tell me why you don't want to continue?*" Very politely, and without being insistent or coercive, try to reassure the mother.

1. If she says she's too busy, having another baby, going back to work, or just feeling overwhelmed, say

*"Yes, you must be really busy. Especially with all these new demands on your time and energy. We do our best to make things as easy as possible for you. There are no more than two visits per year, and we like to schedule them at your convenience. We can work around the other demands on your time."*

2. If she says her husband/partner doesn't want her to continue, say

*"What does he seem to be concerned about?"*

Then listen. Acknowledge the mother's concerns. When she is done and leaves time for you, provide supportive information, and ask

*"Would you like me or SITE P.I. to call him and talk with him about our study? We would be more than happy to speak with him."*

Arrange a time to call if this would be helpful.

3. If mother continues to say she wants to withdraw, say,

*"I'm sorry you feel you cannot continue. We would very much like BABY to have the opportunity to participate in what we think is a very important study. But I certainly*

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*understand your feelings. If you change your mind, please call us. And feel free to call if there's any other way we can help you."*

Fill out the form for recording dropouts and send it to the Data Center.

## III. RECORDING CALLS

The form, Record of Calls is for use at the sites to keep track of all attempts to reach a mother. Every time the caller attempts to contact the mother, the date and time should be recorded and the result coded according to the codes listed at the bottom of the sheet. The interviewer's code or initials should also be marked on this sheet so that if more than one caller is trying to reach the mother, each one will know who has already left messages with the family. Any special situations should also be recorded on the reverse of this form. The Record of Calls is retained at the site in the family's confidential folder.

## IV. FORMAT OF THE PHONE UPDATE INTERVIEW

Every Interviewer should become thoroughly familiar with the format, layout, and questions of the interview. Because of the many different family situations we expect to encounter during this study, the questions have been written to try to cover a great variety of responses. It is not possible, however, for the questions to suit every situation perfectly. At times the Interviewer must adapt a question slightly so as not to appear insensitive to a mother.

Within each section of the interview, there are a number of choice points when the Interviewer must skip over particular questions or sets of questions because they are not relevant to a particular situation. It is important that each caller be completely at ease with these choice points so that the interview can proceed smoothly and the mother be unaware of the many coding decisions and question selection decisions the Interviewer is making.

The conventions followed in this interview protocol are:

1. The directions to the Interviewer that are not intended to be read to the mother are printed in ALL CAPITAL LETTERS. The questions and comments to be read to mothers are printed in upper- and lower-case type.
2. The Interviewer is expected to continue to the next question unless instructed otherwise by a GO TO or choice point instruction.
3. Questions that must fit more than one situation are worded so that the choices between two wordings are in parentheses. Example: Last time we talked you (were/were not) going to school. The Interviewer is expected to choose the correct wording for this particular situation, not read both options. This requires that the Interviewer have the questions clearly in mind, understand the different possible

situations to which they refer, and have information about the family available.

4. Questions in which a person's name (or other specific information) is to be used indicate the missing information in capital letters, as, for example: Has BABY had any ear infections? The question should be read as, Has Joshua had any ear infections?

## V. MARKING THE FORMS

The mark-sense forms used for the interview must be filled in carefully. Use a #2 pencil and be sure to blacken the entire space to indicate the mother's response. Whenever there are 2 columns of numbers, as for month and day, for example, mark both columns. If your response requires only one digit, mark 0 in the first column.

For example, to record a date of February, 1989:

| MONTH<br>02 | | YEAR<br>1989 | |
|---|---|---|---|
| ▬ | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | ▬ | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | ▬ | 8 |
| 9 | 9 | 9 | ▬ |

The blanks above the columns are for your convenience in recording mothers' responses. Often it will be quicker to simply write in the response and then darken the mark-sense spaces later. This is especially true for complex questions that have several sets of responses, such as the household composition information.

In response to some questions, a mother may give you additional information that is not coded but that you want to record in order to demonstrate that what she wants to tell you is important, and also to help build rapport with the mother. You can write such information on the forms as long as you do not write over the mark-sense spaces. Try to keep your notes to the left side of the page.

## VI. INTERVIEW SCRIPT

The interview data forms contain all of the introductory information you need to explain to the mother what is going to happen next. They should be read the way they are written. At the beginning of the interview, you may also find it helpful to add some informal conversation with the mother to make her comfortable, but do not spend too much time chatting before getting down to work. The mother appreciates your friendliness but will also appreciate not being kept on the phone too long.

Once you begin the questions, they must be read exactly as they are written. The only exception to this rule is the occasional situation where the information requested is obvious or already known to the Interviewer. In these cases, the Interviewer may reword the question as a statement, confirming with the mother that the information obtained previously is accurate.

Mothers have different ways of responding to interview questions. Some are very precise and specific, but others tend to give vague responses or answer in general ways that are not codable. You can encourage mothers to be more specific by enlisting them as partners in the process of data collection.

For example, if a mother responds to the question,

*"How many hours a week do you work?"*

by saying

*"15 or 20 hours"*

you can say,

*"I need to record a specific number of hours. Please give me your best estimate of the number of hours you work in a typical week."*

The next time the mother responds with a range of numbers instead of a single answer, follow the same procedure. Usually after two reminders, mothers will understand the requirements of the interview and begin to give you codable responses without prompting.

## VII. INTERVIEWING TECHNIQUES

Be sure to read all questions exactly as they are worded. If the wording seems awkward to you, practice saying the questions aloud until you feel comfortable with them.

On some occasions, mothers may volunteer information during one part of the interview that you will ask them later. Remember what they have said, but do not flip through the interview pages to record that information. Instead, when you come to the relevant section, confirm the information you have received and ask, "*Is there anything else?*" For example, if the mother tells you right away that she's starting back to work next week, when you come to Question 12, "*Are you working for pay now?*" You can say something like, "*You said you're starting work next week. Right now are you working for pay?*" Whenever you are confirming information with the mother, use the wording of the question as written to the greatest extent possible. It is essential that you cover the content of every question. Do not assume information without confirming it, even if it seems self-evident.

Because the interview cannot exactly fit every possible situation for all the mothers in the study, there will at times be questions that seem to you inappropriate. In these unusual cases, you can say something like, "*The next question asks*..." Done politely and without belittling the question, this approach lets the mother know you are attuned to her individual situation, but also that you have a job to do and you take it seriously.

Do not interpret or reword questions. If a mother asks for clarification of a question or word, try repeating the question, perhaps with a slight change in intonation. Sometimes mothers may ask the meaning of a question that has a set of multiple choice answers. In this case, you can read her the options so she can select one of the choices.

## VIII. FACE SHEET

The face sheet for the telephone contact is for use by the project staff at each site to help keep track of the information needed in the interview. This sheet is not to be sent to the Data Center.

Before calling, fill in all the indicated information on the face sheet, which is Page 2 of the interview forms, and also fill in the household information on Pages 5 and 6. Use the information collected at the most recent contact to fill in these pages.

During the call, you will get information on changes in addresses, phone numbers, and contact persons. Write this new information on the face sheet. Changes in other information on Page 2 obtained during the interview will be recorded on the interview forms themselves.

A second face sheet in mark-sense format is attached to the interview form. At the completion of the interview, fill in this form completely, with date of interview, interviewer's ID number, subject's ID number and relationship code, and child's age in months.

Once the interview is completed, separate the site face sheet and the record of calls from the interview itself and file them in the family's confidential folder. Have the interview forms checked by the site coordinator or her designee before they are sent to the Data Coordinating Center.

## IX. THE INTERVIEW FORMS

This section of the manual provides specific information about the questions included on the phone update interview. Callers should read it through each day before they begin making calls to be sure they are thoroughly familiar with all coding rules and with the format of all questions and answers.

### A. Part 1: Household Data

Question 1

You will have listed all the household members reported at the last contact before calling. The purpose of this question is to track changes in the child's household composition. Read to the mother the first names of the people you have listed, and ask if there are any changes. For people still present, fill in a 1 in the Change Code column. For anyone who is no longer present, fill in a 2 in the Change Code column.

If the baby's father or another member of the household is temporarily away from home (for example, in military service), he or she should still be coded as part of the household. If this applies to the baby's father, conduct the remainder of the interview considering him to live in the household.

If new people are added to the household, record their first name, relationship to the baby, and relationship to the mother as she describes them to you. Record their age and sex and a 3 in the Change Code column. Assign the relationship codes listed above the grid after the interview.

Try to remember who lives in the household as you continue through the interview, because it will help guide whether to ask certain questions and the interpretation of some of the responses you receive.

Questions 2 and 3

Ask these only if the father has left the household since the last contact (that is, he has a change code of 2 for Question 1). If the father had already left by the last contact, this information was obtained at a prior interview.

Question 2 is intended to establish the mother's legal and emotional relationship to the baby's father. Response 1: Separated means that the mother is now married to the baby's father but they are not currently living together by choice. Use these follow-up questions if the mother's initial response is incomplete:

> Are you now married to FATHER?
>
> Were you ever married?
>
> Would you say you still have a romantic relationship?

### B. Part 2: Health of Baby and Mother

The time period included for all these questions is the interval since the last contact (about 3 months).

Question 4

Read the four choices and record mother's response. Do not try to interpret her answer for her, even if you think two runny noses are not a good reason to rate the baby's health as "fair." You can add your notes about the mother's response, but you must code the answer she gives you.

## Question 6

Mother should have received a positive diagnosis of "ear infection" from a physician or health professional to code this as "yes." Describe the medicine in her words. If she does not know the technical term for it, record what she does know (e.g., "some kind of antibiotic," "pink liquid that BABY took for 10 days").

## Questions 9 and 10

When you ask the mother how many times the baby has been to the doctor, she will often begin to tell you the reasons. You can move immediately to Question 10 and walk her through the responses. To slow her down, giving you time to record, you can simply repeat what she is saying and confirm it. Your conversation might sound like this:

I: *"How many times?"*

M: *"Well, we went in early March for shots and then he got a bad cough..."*

I: (Turn to Question 10.) *"So he had a routine check up and immunizations in March?"* (Mark Response 1.)

M: *"Yes, and then he got sick."*

I: *"Was this a follow-up of an earlier problem or chronic condition?"*

M: *"No, this was the first time he'd been sick."*

I: *"So you took him to the doctor for a cough. What did the doctor say was wrong?"* (Mark Response 3.)

M: *"He had bronchitis."*

I: *"Was Kevin hospitalized for that?"*

M: *"No, but he was sick for a week."*

I: *"Has Kevin been to the doctor for anything else?"*

M: *"No, those are the only two times."*

I: (Record "02" under Question 9.)

Repeating and confirming the information with the mother allows you to obtain accurate information in a conversational manner.

### Question 11

Read the four choices to the mother and get her description of her overall health. Do not try to interpret her answer, even if you think differently than she does.

If mother begins talking about her health problems, respond pleasantly and as quickly as you can without being rude. Do give the troubled mother a chance to complain or explain, but do not encourage long descriptions of health problems. Often, a sympathetic *"I'm sorry to hear that,"* followed immediately by the next question, will get the conversation back on track.

Do record health problems described by the mother as these may be important in her ability to (a) work and (b) provide care for her baby. Also, it will help build rapport with the mother if you ask specific questions about her health the next time you call her.

### C. Part 3: Mother's Employment and School

An open-ended question is asked at the beginning for your information only, not for coding of occupation. It allows you to find out the kind of work the mother perceives herself as doing, so that you can talk intelligently with her about it. This is an opportunity to find out if the mother considers herself a mother and homemaker, if she has more than one job, if she is self-employed, or if her view of her job status has recently changed. This information can guide you in how to ask questions and how to interpret the responses, as well as where you need to probe more fully to get a complete picture. You will get a more specific description of the mother's occupational classification beginning with Question 17.

#### Question 13

A mother is working for pay now if she is employed for pay, either in or out of the home. This does not include the mother who is on leave and therefore still employed but not currently actually working. If a professional woman is officially on leave, she is not counted as working now even though she may spend some of her time at home doing professional things. Because we are updating employment information every 3 months, we will learn about the mother's return to work and any changes in her job status as the study progresses.

## Question 14

This is intended to get current work situation, as of the day you interview the mother. If you are talking to her on Friday and she is starting work Monday, she is not now working.

If the mother says she works "full-time", explain, "*I need to get a specific number of hours. Please give me your best estimate of how many hours a week you work.*" Give the mother an opportunity to tell you what her actual work hours are.

If she works a variable number of hours, record the average number of hours per week, according to the mother.

## Question 15

Count only hours at home for which she is paid, and, if she is a salaried professional, hours that are directly related to her paid employment. If the number of hours varies, ask for the "most typical situation" in the mother's opinion.

## Question 16

If mother's work falls within one of the time periods listed in Question 16, record that period even if she does not work the whole time. For example, if she works from 1 to 5 p.m., record (1) Daytime. If she regularly works hours that overlap the intervals listed, record both times. For example, if she works a

12-hour nursing shift from 11 a.m. to 11 p.m., record both (1) Daytime and (2) Evenings.

Similarly, if a mother works days and evenings on a regular basis because of having two jobs, record both. If a mother works days one week and evenings the next, record (4) Times vary.

## Question 17

Information on the mother's previous job status will be recorded on the interview face sheet. The same job means just that -- the exact position held with the same employer. A different job title with the same employer (resulting from a promotion or other change in duties) is recorded as a change. If she has the same position title and the same employer but a shift in place of work (for example, a teacher who moves to a different school in the same system), this is not a change.

If mother currently has one job, record Y or N under Job 1. If she has one job now, but had two jobs before, record Y for the job she now has and had previously (Job 1 or 2) and N for the job she used to have but no longer has. If she did not have a second job before, leave Job 2 blank.

If mother has two jobs now and one of them is different from her earlier employment, record Y for the job that is the same and N for the one that is not.

Continue to record Job 1 and/or Job 2 information under those columns throughout this section.

## Question 19

Ask this question only if the mother's job title (Question 18) is not clear to you. Thus, if the mother says she is an insurance underwriter, you do not have to ask Question 19.

## Question 21

This question is asked only if the name of the employer (Question 20) is not self-explanatory. If the employer is well-known to you, do not ask Question 21.

## Question 22

Use the occupation coding definitions (Appendix A) to choose a category. Verify your coding with mother only if you are not entirely clear on the nature of her occupation. In that case, find an entry on the occupation coding chart that you think fits her job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have learned that the mother works as a nurse, you need to find out if she is an RN (coded under Professional) or an LPN (coded under Technicians).

## Questions 23 and 24

These questions are intended to complete the mother's work history since the last contact. The mother may have continued one job, quit a second job, and started a new job. You found out in Questions 17 and 18 whether she was still in the same job(s). Now you want to find out when she started any job that is new

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since the last contact, and when she stopped working at any job that has ended since the last contact.

On Question 23, record the most recent date she began a new job. Note this applies only to jobs begun since the last contact or jobs that were not recorded in the last contact. Keep Job 1 and Job 2 consistent with the previous interview. For example, record the dates under the Job 1 column if the mother has stopped working at the job previously recorded as Job 1 and started a new job. Keep these labels consistent even if the job previously recorded as Job 2 is now her primary job.

On Question 24, record a termination date for any job at which the mother is not currently working or on leave, even if she expects to go back (e.g., has been temporarily laid off). Record the date under Job 1 if she is not presently working at any job, but said yes to Question 13 (i.e., that she had worked for pay since the last contact).

## Question 25

Read the first four responses to the mother. Record Other only if none of these four fits her situation.

Mother's health includes her mental health. For example, if mother says she experienced too much worry about the baby, emotional tension, or exhaustion, ask if she would say that her health was the reason.

Baby's health includes behavioral reactions of the baby in child care, such as the mother's belief that the baby was upset, unhappy, showing signs of distress if these have been manifested in physical symptoms such as stomach distress, sleep problems, or eating problems.

Childcare problems are the "external" problems of finding appropriate and affordable child care. They may include lack of available care, care that is too expensive or inconvenient, care that is unreliable or of poor quality, distrust of sitters, and the like.

Employer reasons include any reasons involving employers' actions or attitudes. For example, a mother may be laid off or fired, or the employer may have been inflexible about her need to take time off for family or personal reasons.

If the mother says something like she just changed her mind, or she thought she would be able to handle working and caring for her baby but found out she couldn't, ask her if any of the listed reasons fits her situation. If not, record her reason under Other.

Question 26

Information on whether the mother was previously attending school will be recorded on the interview face sheet.

"Going to school" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course just for the fun of it does not count as going to school, nor does taking a parenting class offered by the local hospital. On the other hand, if the mother is taking an evening course on computers because she is planning to start a word processing business at home, then it should be recorded. Similarly, if the mother is enrolled in something like 6 credit hours at the local community college, she should be counted as attending school even if she is not officially in a degree program.

Knowing what kind of school the mother is or was attending is important for later questions and also for building and maintaining rapport with the mother. Although this information will not be coded into the data base, it will be important for you to know in future conversations with the mother.

### Question 28

The intent of this question is to find out how much time the mother was spending doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 to 3:30 for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled, multiplied by 3, to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

Question 29

If mother's school hours fall within one of the time periods listed in Question 29, record that period even if she does not go to school the whole time. For example, if she attends school from 1 to 5 p.m., record (1) Daytime. If she regularly attends school during hours that overlap the intervals listed, record both times. For example, if she is in school from noon to 7 p.m., record both (1) Daytime and (2) Evening.

Questions 30 and 31

These questions are intended to complete the mother's school history since the last contact. The mother may have started and stopped going to school during the past 3 months.

### D. Part 4: Husband/Partner Employment and School

If a husband or partner lives with the mother, get this information about him. We will not inquire about nonresident fathers or partners on these updates, although we will do so during home visit interviews. If the husband/partner is temporarily away from the family (e.g., in the military), do ask these questions.

Information on the husband/partner's job situation will be recorded on the interview face sheet before the call is made. An open-ended question is asked at the beginning of this section for the Interviewer's information only. It allows you to probe for whether the husband/partner has more than one job, is away from home temporarily, or is self-employed. More specific information about the husband/partner's job classification is obtained beginning with Question 35.

## Question 33

The response to Question 33 should include total hours working at all jobs. The following questions also concern all jobs. The issue we are interested in is how much time he is available to help with child care and other home responsibilities.

If the mother replies that he works "full-time", explain the kind of response needed. For example, say, "*I need to get a specific number of hours. Please give me your best estimate of how many hours a week he works.*" Give the mother an opportunity to tell you what his actual work hours are. If the mother gives you fractions of hours (as 37½ hours) round to the nearest whole number, counting 0.5 or more as the next higher number and anything less than 0.5 as the next lower number.

If the husband/partner works a variable number of hours, record the average number of hours per week he has worked for the past month. Work at home for which he is paid should be included. If he is a professional who regularly brings work home, the hours spent on work that is part of his paid employment should be counted.

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If the mother reports that the husband/partner is away from home overnight on a regular basis, or that he often has job assignments that take him away from home for periods of several days or weeks at once, code Question 33 as 99.

Question 34

Even if the mother has told you his employment situation has not changed, confirm with her the husband/partner's job title.

Questions 35 and 36

If the husband/partner has a new job and you know that job title from the mother's response to the open-ended question about employment, confirm it here. "*And you told me HUSBAND/PARTNER was an English teacher.*" If the job title was not clear from the earlier conversation, ask, "*What is his position title?*"

In this section, we are collecting information about the husband's/partner's current job situation, as of the day of the interview. We will update this information every 3 months during the course of the study. If the mother reports that the husband's/partner's current situation is very unusual (for example, he is working as a melon weeder for the summer while looking for a job as a corporate lawyer), assure her that we will learn about the job changes periodically and record information about current employment. If, on the other hand, the father has a temporary summer job because he is a schoolteacher, record information about the teaching job, if the mother defines that as his primary job. Do not collect information on more than one job. Let the mother define which job is primary, and collect information only on that job.

Question 36 needs to be asked only if the position title (Question 35) is not self-explanatory. If the position title is Elementary School Teacher, for example, you can skip Question 36. But if the mother says her husband is a Retrofit Specialist, you should probe for a more understandable description of his job.

### Questions 37 and 38

Question 38 should be asked only if the response to Question 37 is not self-explanatory. If the employer is well-known to you, do not ask Question 38.

### Question 39

Use the occupation coding definitions provided (Appendix A) to code occupational category. Verify your coding with the mother only if you are unsure of the husband's/partner's occupation. In that case, find an entry on the occupation coding chart that you think fits his job, and ask the mother if she agrees with your judgment. Do not ask her the category. For example, if you have found that the father works in a lab for an environmental consulting firm but the mother is vague about his duties, you look on the occupation coding chart and find two possibilities. Ask "*Would you describe him as a biological or life scientist (Professional category) or a biological technician (Technician category)?*"

If the occupation is a common one, you can code it later rather than taking the time to look up the classification in the home. If you are not sure the occupation is listed, it is best to check before you leave the home, but this can be done while the mother is filling out questionnaires.

## Question 40

"Going to School" is defined as enrolled in an educational program that normally leads to a degree, certificate, diploma, or the attainment of job-related skills. Taking an evening course in conversational Spanish just for the fun of it does not count as going to school, nor does a parenting class offered by the local hospital. On the other hand, if the baby's father is required by his employer to take the Spanish class because he is going to attend a sales conference in Chile, then it should be recorded.

## Question 41

The intent of this question is to find out how much time the mother's husband or partner spends doing school work -- time in class plus time spent on school-related work. As a general rule, use the following coding rules for counting hours in school. For high school or vocational school where people enter a building and attend classes for a portion of each day, count the number of actual school hours (e.g., 8:30 to 3:30 for five days a week would count as 35 hours). For community college, college, or graduate school, count the number of credit hours in which people are enrolled, multiplied by 3, to get an index of involvement with school (e.g., a student enrolled in 12 hours -- which is considered a full-time load -- would be recorded as going to school for 36 hours; a student enrolled for one course of 3 hours credit would be recorded as going to school for 9 hours). Although different types of schools will vary somewhat in their time requirements, these calculations will provide a general index of time spent.

## E. Part 5: Child Care

### Coding Child Care Arrangements

Mothers will answer the questions about child care arrangements with more conventional descriptions (babysitter, nanny, etc.). The responses on the interview form are not intended to be read to parents. Rather, they are for your use in coding the type of arrangement the parents have made for child care. Thus, if the mother says they have found a sitter, you will need to ask if the sitter is a relative and whether he or she will be coming in to their home or they will be taking the baby to the sitter's home.

Be sure to code all arrangements, even if some of them are informal, such as the baby's father staying home until 9:00 every morning. Although many mothers will not think of this as a child-care "arrangement", it is to us. Backup arrangements that are not regularly scheduled but available for emergencies are not recorded. Use Arr. 1 for the arrangement used for the most

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hours, Arr. 2 for the next, and Arr. 3 for the third. Do not code more than 3 arrangements.

Examples of probe questions to ask:

| Mother's Response | Query |
|---|---|
| My neighbor is caring for BABY. | 1) Is your neighbor related to you?<br>2) IF NO, code (a) 6<br>3) IF YES, What relation?<br>4) Is BABY cared for at your neighbor's house?<br>5) IF YES, code (b) 2<br>6) IF NO, Where is BABY cared for?<br>7) Does your neighbor care for BABY during all the hours you work?<br>8) IF NO, What other child care arrangement do you use? |
| My church has a nursery that I use. | 1) Who cares for babies in the nursery?<br>2) Is the nursery open during all the hours you work?<br>3) IF NO, What other child care arrangement do you use? |
| My husband is taking time off when I'm working. | 1) Does he care for BABY at home?<br>2) Is he able to care for BABY during all the hours you work?<br>3) IF NO, What other child care arrangement will you use. |
| I've hired a nanny. | 1) This is someone who comes to your home to care for BABY?<br>2) IF NO, Where is BABY cared for?<br>3) Is this person related to you?<br>4) IF YES, What relation? |

## Question 42

The purpose of this section is to get information about all the family's regular child-care arrangements. Regular means that the mother has some standing arrangement with another person to care for the child at a specified time. This may include short periods of babysitting. For example, if the mother has a regular evening or Saturday afternoon when her husband/partner is expected to be responsible for the baby, this is a regular arrangement. Also, if the mother leaves the baby with her mother every Thursday afternoon, or expects an older sibling to be responsible for the baby from 4 to 5 every day, these count as regular arrangements. If she occasionally hires a sitter to go out in the evening, this is not a regular arrangement. Back-up arrangements, or those set up in case of illness, do not count as regular arrangements.

## Questions 43

If mother has responded to Question 42 with NO but responds to Question 43 by telling you that the baby's father will help her with child care while she works, go back to Question 42 and score YES. You may then restate Question 44 as a statement: 44.(a) BABY's father will care for BABY. (b) *"Where will they be?"*

Question 44

Code all current arrangements the mother is using. If she begins to tell you about future plans, explain that we will be gathering information on changes in child-care at later interview points, but right now we want to know about her current child-care situation.

If the child care is being provided by someone (relative or non-relative) who lives in the home, code the person according to the appropriate code. Live-in care will be picked up at later interviews.

Questions 45 and 46

The purpose of these questions is to find out how many other children are usually present when the child is in the care setting, and how many regular caregivers the child has. In a day-care center record the number of children in the child's group or classroom, not the number in the whole center. In both centers and homes, the number may change during the day. Ask the mother for the typical number present during the majority of the time the child is in the setting. For example, if three kindergarten children are cared for by the child's caregiver from 4 p.m. on, but the target child is cared for from 8 to 5, do not count these children as part of the typical group. Base the typical group on the current situation; group sizes will also change seasonally.

In counting caregivers, ask the mother for the number of different people who supervise the children on a regular basis.

For example, if the child's group has a head teacher who is present all day, two assistants in the morning and two different assistants in the afternoon, the number of people supervising the children is 5. If a home child-care provider has a teenager or another adult who regularly assists with the children, and the caregiver's husband is in charge every day after 4:30, the number of people supervising the children is 3.

### Questions 47 and 48

These questions are intended to get at the pattern of child care as well as the total number of hours. Thirty hours divided over 3 days is a different experience for the child than 30 hours divided over 5 days. In cases where the baby's schedule changes from week to week, ask mother for the "most typical" situation in her opinion. We will obtain more detailed information about schedules when we do child-care visits. If the word "arrangement" is awkward for the situation of the family you are interviewing, reword Question 69 to say, for example, "*How many hours a week (is BABY/will BABY be) cared for by your mother?*"

### Question 49

For responses in weeks or parts of months, round to the nearest month. If the mother says 3½ months, ask her if it was closer to the baby's 3 month or 4 month birthday. You can also get the date of enrollment and calculate the baby's age, confirming the age in months with the mother.

## Question 50

If mother volunteers a codable response immediately, record that. If not, say, "*Which of these reasons was the most important? I'll read you the list: Cost? Convenient hours? Convenient location? Quality of care provider? Quality of environment and equipment? Quality of program? Preference for relative to provide care? Preference for home environment? Preference for center environment? Availability?" Record only one response. If mother says several were important, say, "Which would you say was the most important reason?*"

## Question 51 to 58

These questions are intended to get a complete history of child care used, even arrangements that were used only briefly. Ask Question 51 of all mothers, even those who are not now using child care and who were not using child care at the last contact. Follow the same coding rules for Questions 52 to 58 as described above for coding current arrangements.

## Question 59

This is a question about child care, not about health. The intent is to find out if parents have had to modify their child-care arrangements because of illness, or have been concerned about the special needs of a sick baby.

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### Question 60

When a baby is sick, mothers often have to piece together a patchwork of care. Record one or two emergency arrangements the mother made.

### Question 61

A "day" of work means a significant amount of work. Code Yes if one parent missed a half day or an important work obligation, such as an important meeting or appointment.

### Question 62

Read the list of possible problems if the mother does not immediately volunteer a codable response.

### Question 63

The purpose of this question is to identify any important events impinging on the mother or the family and give the mother a chance to talk about anything that's important to her that has not been covered in the interview. Important events can be happy or sad. Record whatever the mother says is important to her.

## X. DEBRIEFING

Follow the script as written, being sure to give the mother a chance to ask any questions she may have. It is a good idea to make a note of any questions and what your response is, and to check with your Site Coordinator and/or P.I. to be sure all staff members are following the same procedures. If you are at all unsure about the answer to a question, do not try to answer it. Instead, tell the mother you will find out and call her back. Talk to the Site Coordinator and/or P.I. and arrange for someone to call the mother back within that same day if possible.

Conclude the interview by telling the mother when she will be contacted next and what will happen at that contact.

## XI. APPENDIX

A. Occupational Codes (save as laminated sheet at each site)

# THE NICHD STUDY OF EARLY CHILD CARE

## OCCUPATIONAL CODES

1. **EXECUTIVE, ADMINISTRATIVE, & MANAGERIAL**
   - Legislators
   - Chief executives and general administrators, public administration
   - Administrators and officials, public administration
   - Administrators, protective services
   - Financial managers
   - Personnel and labor relations managers
   - Purchasing managers
   - Managers, marketing, advertising and public relations
   - Administrators, education and related fields
   - Managers, medicine and health
   - Managers, properties and real estate
   - Postmasters and mail superintendents
   - Funeral directors
   - Managers and administrators, NEC
   - Accountants and auditors
   - Underwriters
   - Other financial officers
   - Management analysts
   - Personnel, training, and labor relations specialists
   - Purchasing agents and buyers, farm products
   - Buyers, wholesale and retail trade, except farm products
   - Purchasing agents and buyers, NEC
   - Business and promotion agents
   - Construction inspectors
   - Inspectors and compliance officers, exc. construction
   - Management related occupations, NEC
2. **PROFESSIONAL**
   - Architects
   - Engineers
     - Aerospace engineers
     - Metallurgical and materials engineers
     - Mining engineers
     - Petroleum engineers
     - Chemical engineers
     - Nuclear engineers
     - Civil engineers
     - Agricultural engineers
     - Electrical and electronic engineers
     - Industrial engineers
     - Mechanical engineers
     - Marine engineers and naval architects
     - Engineers, NEC
   - Surveyors and mapping scientists
   - Computer systems analysts and scientists
   - Operations and systems researchers and analysts
   - Actuaries
   - Statisticians
   - Mathematical scientists, NEC
   - Physicists and astronomers
   - Chemists, except biochemists
   - Atmospheric and space scientists
   - Geologists and geodesists
   - Physical scientists, NEC
   - Agricultural and food scientists
   - Biological and life scientists
   - Forestry and conservation scientists
   - Medical scientists
   - Physicians
   - Dentists
   - Veterinarians
   - Optometrists
   - Podiatrists
   - Health diagnosing practitioners, NEC
   - Registered nurses
   - Pharmacists
   - Dieticians
   - Therapists
     - Inhalation therapists
     - Occupational therapists
     - Physical therapists
     - Speech therapists
     - Therapists, NEC
   - Physicians' assistants
   - Earth, environmental, and marine science teachers
   - Biological science teachers
   - Chemistry teachers
   - Physics teachers
   - Natural science teachers, NEC
   - Psychology teachers
   - Economics teachers
   - History teachers
   - Political science teachers
   - Sociology teachers
   - Social science teachers, NEC
   - Engineering teachers
   - Mathematical science teachers
   - Computer science teachers
   - Medical science teachers
   - Health specialties teachers
   - Business, commerce, and marketing teachers
   - Agriculture and forestry teachers
   - Art, drama, and music teachers
   - Physical education teachers
   - Education teachers
   - English teachers
   - Foreign language teachers
   - Law teachers
   - Social work teachers
   - Theology teachers
   - Trade and industrial teachers
   - Home economics teachers
   - Teachers, postsecondary, NEC
   - Postsecondary teachers, subject not specified
   - Teachers, prekindergarten and kindergarten
   - Teachers, elementary school
   - Teachers, secondary school
   - Teachers, special education
   - Teachers, NEC
   - Counselors, educational and vocational
   - Librarians
   - Archivists and curators
   - Economists
   - Psychologists
   - Sociologists
   - Social scientists, NEC
   - Urban planners
   - Social workers
   - Recreation workers
   - Clergy
   - Religious workers, NEC
   - Lawyers
   - Judges
   - Authors
   - Technical writers
   - Designers
   - Musicians and composers
   - Actors and directors
   - Painters, sculptors, craft-artists, and artist printmakers
   - Photographers
   - Dancers
   - Artists, performers, and related workers, NEC
   - Editors and reporters
   - Public relations specialists
   - Announcers
   - Athletes
3. **TECHNICIANS**
   - Clinical laboratory technologists and technicians
   - Dental hygienists
   - Health record technologists and technicians
   - Radiologic technicians
   - Licensed practical nurses
   - Health technologists and technicians, NEC
   - Electrical and electronic technicians
   - Industrial engineering technicians
   - Mechanical engineering technicians
   - Engineering technicians, NEC
   - Drafting occupations
   - Surveying and mapping technicians
   - Biological technicians
   - Chemical technicians
   - Science technicians, NEC
   - Airplane pilots and navigators
   - Air traffic controllers
   - Broadcast equipment operators
   - Computer programmers
   - Tool programmers, numerical control
   - Legal assistants
   - Technicians, NEC
4. **SALES OCCUPATIONS**
   - Supervisors and proprietors, sales occupations
   - Insurance sales occupations
   - Real estate sales occupations
   - Securities and financial services sales occupations
   - Advertising and related sales occupations
   - Sales occupations, other business services
   - Sales engineers
   - Sales representatives, mining, manufacturing, and wholesale
   - Sales workers, motor vehicles and boats
   - Sales workers, apparel
   - Sales workers, shoes
   - Sales workers, furniture and home furnishings
   - Sales workers, radio, television, hi-fi, and appliances
   - Sales workers, hardware and building supplies
   - Sales workers, parts
   - Sales workers, other commodities
   - Sales counter clerks
   - Cashiers
   - Street and door-to-door sales workers
   - News vendors
   - Demonstrators, promoters, and models, sales
   - Auctioneers
   - Sales support occupations, NEC
5. **ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL**
   - Supervisors, general office
   - Supervisors, computer equipment operators
   - Supervisors, financial records processing
   - Chief communications operators
   - Supervisors; distribution, scheduling, and adjusting clerks
   - Computer operators
   - Peripheral equipment operators
   - Secretaries
   - Stenographers
   - Typists
   - Interviewers
   - Hotel clerks
   - Transportation ticket and reservation agents
   - Receptionists
   - Information clerks, NEC
   - Classified-ad clerks
   - Correspondence clerks
   - Order clerks
   - Personnel clerks, except payroll and timekeeping
   - Library clerks
   - File clerks
   - Records clerks
   - Bookkeepers, accounting, and auditing clerks
   - Payroll and timekeeping clerks
   - Billing clerks
   - Cost and rate clerks
   - Billing, posting, and calculating machine operators
   - Duplicating machine operators
   - Mail preparing and paper handling machine operators
   - Office machine operators, NEC
   - Telephone operators
   - Telegraphers
   - Communications equipment operators, NEC
   - Postal clerks, except mail carriers
   - Mail carriers, postal service
   - Mail clerks, except postal service
   - Messengers
   - Dispatchers
   - Production Coordinators
   - Traffic, shipping, and receiving clerks
   - Stock and inventory clerks
   - Meter readers
   - Weighers, measurers, and checkers
   - Samplers
   - Expediters
   - Material recording, scheduling, and distributing clerks, NEC
   - Insurance adjusters, examiners, and investigators
   - Investigators and adjusters, except insurance
   - Eligibility clerks, social welfare
   - Bill and account collectors
   - General office clerks
   - Bank tellers
   - Proofreaders
   - Data-entry keyers
   - Statistical clerks
   - Teachers' aides
   - Administrative support occupations, NEC
6. **PRIVATE HOUSEHOLD OCCUPATIONS**
   - Launderers and ironers
   - Cooks, private household
   - Housekeepers and butlers
   - Childcare workers, private househ
   - Private household cleaners and
7. **PROTECTIVE SERVICE OCCUPATIONS**
   - Supervisors, firefighting and fire prevention occupations
   - Supervisors, police and detectives
   - Supervisors, guards
   - Fire inspection and fire prevention occupations
   - Firefighting occupations
   - Police and detectives, public service
   - Sheriffs, bailiffs, and other law enforcement officers
   - Correctional institution officers
   - Crossing guards
   - Guards and police, except public service
   - Protective service occupations, NE
8. **SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD**
   - Supervisors, food preparation and service occupations
   - Bartenders
   - Waiters and waitresses
   - Cooks, except short order
   - Short-order cooks
   - Food counter, fountain, and related occupations
   - Kitchen workers, food preparation
   - Waiters'/waitresses' assistants
   - Miscellaneous food preparation occupations
   - Dental assistants
   - Health aides, except nursing
   - Nursing aides, orderlies, and attendants
   - Supervisors cleaning and building service workers
   - Maids and housemen
   - Janitors and cleaners
   - Elevator operators
   - Pest control occupations
   - Supervisors, personal service occupations
   - Barbers
   - Hairdressers and cosmetologists
   - Attendants, amusement and recreational facilities
   - Guides
   - Ushers
   - Public transportation attendant
   - Baggage porters and bellhops
   - Welfare service aides
   - Childcare workers, except private household
   - Personal service occupations, NEC

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**9. FARM OPERATORS AND MANAGERS**

Farmers, except horticultural
Horticultural specialty farmers
Managers, farms, except horticultural
Managers, horticultural specialty farms
Supervisors, farm workers
Farm workers
Marine life cultivation workers
Nursery workers
Supervisors, related agricultural occupations
Groundskeepers and gardeners, except farm
Animal caretakers, except farm
Graders and sorters, agricultural products
Inspectors, agricultural products
Supervisors, forestry and logging workers
Forestry workers, except logging
Timber cutting and logging occupations
Captains and other officers, fishing vessels
Fishers
Hunters and trappers

**10. SUPERVISORS, MECHANICS, AND REPAIRERS**

Automobile mechanics
Automobile mechanic apprentices
Bus, truck, and stationary engine mechanics
Aircraft engine mechanics
Small engine repairers
Automobile body and related repairers
Aircraft mechanics, except engine
Heavy equipment mechanics
Farm equipment mechanics
Industrial machinery repairers
Machinery maintenance occupations
Electronic repairers, communications, and industrial equipment
Data processing equipment repairers
Household appliance and power tool repairers
Telephone line installers and repairers
Telephone installers and repairers
Miscellaneous electrical and electronic equipment repairers
Heating, air conditioning, and refrigeration mechanics
Camera, watch, and musical instrument repairers
Locksmiths and safe repairers
Office machine repairers
Mechanical controls and valve repairers
Elevator installers and repairers
Millwrights
Specified mechanics and repairers, NEC
Not specified mechanics and repairers
Supervisors; brickmasons, stonemasons, and tile setters
Supervisors; carpenters and related workers
Supervisors; electricians and power transmission installers
Supervisors; painters, paperhangers, and plasterers
Supervisors; plumbers, pipefitters, and steamfitters
Supervisors, NEC
Brickmasons and stonemasons
Brickmasons and stonemason apprentices
Tile setters, hard and soft
Carpet installers
Carpenters
Carpenter apprentices
Drywall installers
Electricians
Electrical power installers and repairers
Painters, construction and maintenance
Paperhangers
Plasterers
Plumbers, pipefitters, and steamfitters
Plumber, pipefitter, and steamfitter apprentices
Concrete and terrazzo finishers
Glaziers
Insulation workers
Paving, surfacing, and tamping equipment operators
Roofers
Sheetmetal duct installers
Structural metal workers
Drillers, earth
Construction trades, NEC
Supervisors, extractive occupations
Drillers, oil well
Explosives workers
Mining machine operators
Mining occupations, NEC
Supervisors, production occupations
Tool and die makers
Tool and die makers apprentices
Precision assemblers, metal
Machinists
Machinists apprentices
Boilermakers
Precision grinders, fitters, and tool sharpeners
Pattern makers and model makers, metal
Layout workers
Precious stones and metal workers (jewelers)
Engravers, metal
Sheet metal workers
Sheet metal workers apprentices
Miscellaneous precision metal workers
Pattern makers and model makers, wood
Cabinet makers and bench carpenters
Furniture and wood finishers
Miscellaneous precision woodworkers
Dressmakers
Tailors
Upholsterers
Shoe repairers
Apparel and fabric patternmakers
Miscellaneous precision apparel and fabric workers
Hand molders and shapers, except jewelers
Patternmakers, layout workers, and cutters
Optical goods workers
Dental laboratory and medical appliance technicians
Bookbinders
Electrical and electronic equipment assemblers
Miscellaneous precision workers, NEC
Butchers and meat cutters
Bakers
Food batchmakers
Inspectors, testers, and graders
Adjusters and calibrators
Water and sewage treatment plant operators
Power plant operators
Stationary engineers
Miscellaneous plant and system operators

**11. MACHINE OPERATORS, ASSEMBLERS, AND INSPECTORS**

Lathe and turning machine setup operators
Lathe and turning machine operators
Milling and planning machine operators
Punching and stamping press machine operators
Rolling machine operators
Drilling and boring machine operators
Grinding, abrading, buffing, and polishing machine operators
Forging machine operators
Numerical control machine operators
Miscellaneous metal, plastic, stone, and glass working machine operators
Fabricating machine operators, NEC
Molding and casting machine operators
Metal plating machine operators
Heat treating equipment operators
Miscellaneous metal and plastic processing machine operators
Wood lathe, routing and planning machine operators
Sawing machine operators
Shaping and joining machine operators
Nailing and tacking machine operators
Miscellaneous woodworking machine operators
Printing machine operators
Photoengravers and lithographers
Typesetters and compositors
Miscellaneous printing machine operators
Winding and twisting machine operators
Knitting, looping, taping, and weaving machine operators
Textile cutting machine operators
Textile sewing machine operators
Shoe machine operators
Pressing machine operators
Laundering and dry cleaning machine operators
Miscellaneous textile machine operators
Cementing and gluing machine operators
Packaging and filling machine operators
Extruding and forming machine operators
Mixing and blending machine operators
Separating, filtering, and clarifying machine operators
Compressing and compacting machine operators
Painting and paint spraying machine operators
Roasting and baking machine operators, food
Washing, cleaning, and pickling machine operators
Folding machine operators
Furnace, kiln, and oven operators, except food
Crushing and grinding machine operators
Slicing and cutting machine operators
Motion picture projectionists
Photographic process machine operators
Miscellaneous machine operators, NEC
Machine operators, not specified
Welders and cutters
Solderers and brazers
Assemblers
Hand-cutting and trimming occupations
Hand-molding, casting, and forming occupations
Hand-painting, coating, and decorating occupations
Hand-engraving and printing occupations
Hand-grinding and polishing occupations
Miscellaneous hand-working occupations
Production inspectors, checkers, and examiners
Production testers
Production samplers and weighers
Graders and sorters, except agricultural

**12. TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS**

Supervisors, motor vehicle operators
Truck drivers, heavy
Truck drivers, light
Driver-sales workers
Bus drivers
Taxicab drivers and chauffeurs
Parking lot attendants
Motor transportation occupations, NEC
Railroad conductors and yardmasters
Locomotive operating occupations
Railroad brake, signal, and switch operators
Rail vehicle operators, NEC
Ship captains and mates, except boats
Sailors and deckhands
Marine engineers
Bridge, lock, and lighthouse tenders
Supervisors, material moving equipment operators
Operating engineers
Longshore equipment operators
Hoist and winch operators
Crane and tower operators
Excavating and loading machine operators
Grader, dozer, and scraper operators
Industrial truck and tractor equipment operators
Miscellaneous material moving equipment operators

**13. HANDLERS, EQUIPMENT CLEANERS, HELPERS, AND LABORERS**

Supervisors, handlers, equipment cleaners, and laborers, NEC
Helpers, mechanics and repairers
Helpers, construction trades
Helpers, surveyor
Helpers, extractive occupations
Construction laborers
Production helpers
Garbage collectors
Stevedores
Stock handlers and baggers
Machine feeders and offbearers
Freight, stock, and material handlers, NEC
Garage and service station related occupations
Vehicle washers and equipment cleaners
Hand packers and packagers
Laborers, except construction

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## B. Sample Letter To Send To Mother When Unable To Contact By Phone

Sample Letter to Send to Mother When Unable to Contact by Phone

Mother's Name
Last Known Address

Dear _________:

Thank you for agreeing to participate in the NICHD Study of Early Child Care. We have enjoyed getting to know you and BABY, and it's good to have you as part of the study.

We have been trying to contact you to find out how you and BABY are getting along. Please fill out and return the enclosed card to us, or call our offices at AREA CODE/PHONE. Feel free to call us collect. Also, you can call at any time and leave a message on our answering machine. Please let us know the best way to contact you.

We hope things are going well for you and BABY and we look forward to hearing from you soon.

Sincerely,

Project Staff Member

Enclosure: Return postcard

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